

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98279

FILED  
Mar 07, 2007  
Secretary of State

**Entity Name:** CORAL SPRINGS AUTO TAG AND INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

10101 W. SAMPLE RD.  
CORAL SPRGS, FL 330658698

**New Principal Place of Business:**

10111 W. SAMPLE RD.  
CORAL SPRGS, FL 330658698

**Current Mailing Address:**

10101 W. SAMPLE RD.  
CORAL SPRGS, FL 330658698

**New Mailing Address:**

10111 W. SAMPLE RD.  
CORAL SPRGS, FL 330658698

**FEI Number:** 59-2223935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONLEY, KELLY  
10101 W SAMPLE RD  
CORAL SPGS, FL 33065 US

**Name and Address of New Registered Agent:**

CONLEY, KELLY  
10111 W SAMPLE RD  
CORAL SPGS, FL 33065 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KELLY CONLEY

03/07/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: CONLEY, KELLY  
Address: 5015 NW 66 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: GORTON, KATHRYN,  
Address: 7007 NW 40TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP (X) Delete  
Name: CONLEY, KELLY,  
Address: 5015 NW 66 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SHEPHERD, JOANNE M  
Address: 7421 RALEIGH ST.  
City-St-Zip: HOLLYWOOD, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE SHEPHERD

VP

03/07/2007

Electronic Signature of Signing Officer or Director

Date