

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90366 013 ***250.00

DOCUMENT # G31408

1. Entity Name

A AND S INSURANCE, INC.



Principal Place of Business

A & S Insurance
% ROSEMARIE SAPONARA
~~649 S. INDIANA AVENUE~~
ENGLEWOOD FL 34223

Mailing Address

% ROSEMARIE SAPONARA
~~649 S. INDIANA AVENUE~~
ENGLEWOOD FL 34223



2. Principal Place of Business

180 N. Indiana Ave
Suite, Apt. #, etc.

3. Mailing Address

A & S Insurance
180 N. Indiana Ave
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Englewood Fl
Zip *34223* Country *Saravota*

City & State

Englewood, Fl
Zip *34223* Country *Saravota*

4. FEI Number

59-2295199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAPRONARA, ROSEMARIE
~~649 S INDIANA AVE~~
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name *Rosemarie Saponara*
Street Address (P.O. Box Number is Not Acceptable)
180 N. Indiana Ave
City *Englewood* FL Zip Code *34223*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rosemarie Saponara

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SAPONARA, ROSEMARIE	
STREET ADDRESS	649 S. INDIANA AVE <i>180 N. Indiana Ave</i>	
CITY-ST-ZIP	ENGLEWOOD FL <i>34223</i>	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAPONARA, STEPHEN	
STREET ADDRESS	649 S INDIANA AVE <i>180 N. Indiana Ave</i>	
CITY-ST-ZIP	ENGLEWOOD FL <i>34223</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>180 N. Indiana Ave</i>	
CITY-ST-ZIP	<i>Englewood, Fl 34223</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>180 N. Indiana Ave</i>	
CITY-ST-ZIP	<i>Englewood, Fl 34223</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Rosemarie Saponara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #