

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81595

FILED
May 09, 2007
Secretary of State

Entity Name: W.F. ROEMER INSURANCE AGENCY, INC.

Current Principal Place of Business:

4752 W COMMERCIAL BLVD
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

PO BOX 190669
FORT LAUDERDALE, FL 333190669

New Mailing Address:

FEI Number: 59-2342037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWD III, WILLIAM F
9000 S.W. 87TH COURT
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOWD, WILLIAM F
Address: 100 S. BIRCH ROAD #1802
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: ST () Delete
Name: TRUSSELL, KAREN E
Address: 5373 NE 55 TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP () Delete
Name: REMES, JONATHAN F
Address: 5341 NW 81 TERR
City-St-Zip: LAUDERHILL, FL 33351

Title: D () Delete
Name: DOWD III, WILLIAM F
Address: 6333 NW 9TH ST
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM F. DOWD III

D

05/09/2007

Electronic Signature of Signing Officer or Director

Date