


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90307 001 ***150.00

DOCUMENT # G95067	
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1. Entity Name
MAZZURCO INSURANCE AGENCY, INC.

Principal Place of Business 2935 SE 58TH AVE., #2 P.O. BOX 5669 OCALA, FL 34478-2669	Mailing Address 2935 SE 58TH AVE., #2 P.O. BOX 5669 OCALA, FL 34478-5669 US
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50012050



2. Principal Place of Business Suite, Apt. #, etc. P.O. Box 1060 City & State 34478-1060 Country	3. Mailing Address Suite, Apt. #, etc. P.O. Box 1060 City & State 34478-1060 Country
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03072006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2380869	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MAZZURCO, VINCENT S. 2935 SE 58TH AVE. #2 OCALA, FL 34471	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 15, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MAZZURCO, VINCENT S 4768 SW 3RD AVE OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 5669 OCALA, FL 34478-5669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAZZURCO, SUEANNE 4768 SW 3RD AVE OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 5669 OCALA, FL 34478-5669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/13/06** **352-624-2100** X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **210**