

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02208

FILED  
May 09, 2006  
Secretary of State

Entity Name: P R INSURANCE AGENCY, INC.

## Current Principal Place of Business:

1368 SOUTH MILITARY TRAIL  
WEST PALM BEACH, FL 33415

## New Principal Place of Business:

1368 SOUTH MILITARY TRAIL  
SUITE L  
WEST PALM BEACH, FL 33415

## Current Mailing Address:

1368 SOUTH MILITARY TRAIL  
WEST PALM BEACH, FL 33415

## New Mailing Address:

1368 SOUTH MILITARY TRAIL  
SUITE L  
WEST PALM BEACH, FL 33415

FEI Number: 59-2423518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, WILLIAM  
1368 S MILITARY TRAIL  
WEST PALM BEACH, FL 33415 US

## Name and Address of New Registered Agent:

JACKSON, WILLIAM  
1368 S MILITARY TRAIL  
SUITE L  
WEST PALM BEACH, FL 33415 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:

05/09/2006

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: PD ( ) Delete  
Name: P R INSURANCE AGENCY, , INC.  
Address: 1368 S MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPS ( ) Delete  
Name: JACKSON, JOANNE,  
Address: 6022 CLIFTON AVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: DT ( ) Delete  
Name: LUCAS, SHELIA M  
Address: 3946 PARK LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

## 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:

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: WILLIAM JACKSON

PD

05/09/2006

Electronic Signature of Signing Officer or Director

Date