


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # H05601
 1. Entity Name
 AMBERG INSURANCE CENTER, INC.



Principal Place of Business Mailing Address
 1900 S. TAMiami TRAIL 1900 SOUTH TAMiami TRAIL UNIT C
 UNIT C PUNTA GORDA, FL 33950 US
 PUNTA GORDA, FL 33950 US



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2415462 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AMBERG, DAVID A.
 1900-C TAMiami TRAIL
 PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000218300
 02/07/05-80059-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST AMBERG, DAVID A. 1900 S.TAMiami TR.,STE.C PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBERG, DAVID A. JR 1900 S.TAMiami TR.,STE.C PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMBERG, PATRICIA A. 1900 S.TAMiami TR.,STE.C PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  2/3/05 941-639-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #