


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

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



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

Mailing Address
1900 SOUTH TAMiami TRAIL UNIT C PUNTA GORDA, FL 33950 US

DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2415462 Applied For
 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**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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	

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 03/03/06 00030-008 150.00

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: David A. Amberg 2-15-06 941-6397052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oaytime Phone #