


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 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
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02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2415462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

DO NOT WRITE IN THIS SPACE

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03/04/08-80002-014 150.00

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: _____ **2-18-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #