

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90189 011 ***150.00

DOCUMENT # H15939

1. Entity Name

JOHN T. FERREIRA INSURANCE, INC.



Principal Place of Business

500 CENTRE STREET
FERNANDINA BEACH, FL 32034

Mailing Address

500 CENTRE STREET
FERNANDINA BEACH, FL 32034

40066566



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2410863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDEN, M.C. III
806 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DP
NAME FERREIRA, ROBERT S
STREET ADDRESS 500 CENTRE STREET
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE D
NAME HARDEN, M C III
STREET ADDRESS 806 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE DVT
NAME LUNETTA, PAUL J
STREET ADDRESS 806 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE S
NAME FLYNN, MARY E
STREET ADDRESS 806 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE V
NAME SIMPSON, ELISA
STREET ADDRESS 500 CENTRE STREET
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

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 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:

Mary E. Flynn Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/26/06

Daytime Phone #

904-421-5339

Mary E. Flynn