## 2006 FOR PROFIT CORPORATION

## Jan 20, 2006 8:00 am **Secretary of State ANNUAL REPORT** 01-20-2006 90027 018 \*\*\*150.00 DOCUMENT # H34184 DANIEL CRAPPS AGENCY, INC. Principal Place of Business Mailing Address 2806 W US 90, SUITE 101 2806 W US 90, SUITE 101 LAKE CITY, FL 32055 US LAKE CITY, FL 32055 US CR2E034 (11/05) 01162006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2478553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRAPPS, DANIEL DO NOT WRITE 2806 W US 90 SUITE 101 IN THIS SPACE LAKE CITY, FL 32055 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CRAPPS, DANIEL NAME STREET ADDRESS 2806 W. US 90, SUITE 101 CITY-ST-ZIP LAKE CITY, FL 32055 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 charged, or on an attachment with an accurate with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**