

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # H86867

1. Entity Name
RUPERT SMITH INSURANCE AGENCY, INC.



Principal Place of Business
10 E OAK STREET
ARCADIA, FL 34266 US

Mailing Address
P O BOX 150
ARCADIA, FL 34265 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2684292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, FLETCHER
124 NORTH BREVARD AVENUE
P.O. BOX 350
ARCADIA, FL 34265

**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 reinstalling)

1000000379036

01/10/06-80006-006 150.00

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 STD
NAME DONALDSON, COLLEEN S.
STREET ADDRESS 2635 SW HILLSBOROUGH AVE
CITY-ST-ZIP ARCADIA, FL 34266

TITLE VD
NAME FRAZIER, TERRI S.
STREET ADDRESS 4480 NE HWY 70
CITY-ST-ZIP ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Colleen Donaldson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/2006 863-494-1613

Date

Daytime Phone #