

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92180

FILED  
Jan 11, 2006  
Secretary of State

**Entity Name:** A ABILITY COVER ALL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3354 DAVIS MACAULAY PLACE  
MELBOURNE, FL 32934 US

**New Principal Place of Business:**

**Current Mailing Address:**

3354 DAVIS MACAULAY PLACE  
MELBOURNE, FL 32934 US

**New Mailing Address:**

**FEI Number:** 59-2619905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MORIARTY, PATRICK J.  
3354 DAVIS MACAULAY PLACE  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: MORIARTY, PATRICK J.,  
Address: 3354 DAVIS MACAULAY PL  
City-St-Zip: MELBOURNE, FL 32934

Title: DP ( ) Delete  
Name: MORIARTY, MAUREEN A.,  
Address: 3354 DAVIS MACAULAY PL  
City-St-Zip: MELBOURNE, FL 32934

Title: T ( ) Delete  
Name: RAMAGE, KERRY M  
Address: 4130 SAN YSIDRO WAY  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S ( ) Delete  
Name: FERRICK, PATRICIA  
Address: 8800 OLD KEENE MILL ROAD  
City-St-Zip: SPRINGFIELD, VA 22152

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FERRICK, PATRICIA  
Address: 40 LENORE DRIVE  
City-St-Zip: MADISON, CT 06443

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** PATRICK J. MORIARTY

VP

01/11/2006

Electronic Signature of Signing Officer or Director

Date