


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90263 010 ***150.00

STATE FARM DOCUMENT # J23975 1. Entity Name DAN SAWYER INSURANCE AGENCY, INC.		
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Principal Place of Business % HOWARD DANIEL SAWYER, JR. 1368 N. UNIVERSITY DR PLANTATION, FL 33322	Mailing Address % HOWARD DANIEL SAWYER, JR. 1368 N. UNIVERSITY DR PLANTATION, FL 33322
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2. Principal Place of Business HOWARD DANIEL SAWYER Suite, Apt. #, etc. 1797 N. UNIVERSITY DR. City & State PLANTATION FL. Zip 33322 Country BROWARD	3. Mailing Address HOWARD DANIEL SAWYER Suite, Apt. #, etc. 1797 N. UNIVERSITY DR. City & State PLANTATION, FL. Zip 33322 Country BROWARD
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01102006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2712748	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAWYER, HOWARD DANIEL, JR. 1368 N. UNIVERSITY DR PLANTATION, FL 33322	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME 1797 STREET ADDRESS CITY-ST-ZIP	PD SAWYER, HOWARD DANIEL, JR. 1368 N. UNIVERSITY DR PLANTATION, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD DANIEL SAWYER 1797 N. UNIVERSITY DR. PLANTATION, FL. 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: H. D. Sawyer Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-11-05 (954) 475-0233 Date Daytime Phone #
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