

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90408 040 \*\*\*150.00

**DOCUMENT # J91994**

1. Entity Name  
CFA INSURANCE AGENCY, INC.



Principal Place of Business  
902 CLINT MOORE RD  
SUITE 116  
BOCA RATON, FL 33487 US

Mailing Address  
902 CLINT MOORE RD  
SUITE 116  
BOCA RATON, FL 33487 US

**66016257**



05012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0005544

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BOTTOMS, DAVID N JR  
902 CLINT MOORE ROAD  
SUITE 116  
BOCA RATON, FL 33487

**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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BOTTOMS, DAVID N JR.  
STREET ADDRESS 902 CLINT MOORE RD., SUITE 116  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE AS  
NAME MAHONEY, RITA  
STREET ADDRESS 902 CLINT MOORE RD., SUITE 116  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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:**

*David N. Bottoms*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/06  
Date

5619775601  
Daytime Phone #

# ATTACHMENT

66016257

CFA INSURANCE AGENCY, INC.  
902 Clint Moore Road  
Suite 116  
Boca Raton, FL 33487  
(561) 997-5601

May 8, 2006

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: J91994

Dear Madam or Sir:

The annual report for our firm was returned to us not being properly signed. The report returned to us was for a different corporation (attached), so we printed out a new report for signing. The report is now correctly signed, and we are now returning it to your Division for filing.

Thank you for your assistance in this matter. Please do not hesitate to contact me should you have any questions or comments, or need additional information.

Sincerely,



Susanne V. Rosenfeldt  
Compliance Administrator