

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98188

FILED
Jan 10, 2006
Secretary of State

Entity Name: THE ZIMMERMAN AGENCY, INC.

Current Principal Place of Business:

1821 MICCOSUKEE COMMONS DR.
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1821 MICCOSUKEE COMMONS DR
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 58-1708038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, CARRIE
MOORE POND
7165 HEARTLAND CIR.
TALLAHASSEE, FL 32312 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: STD () Delete
Name: ZIMMERMAN, CURTIS L
Address: MOORE POND 7165 HEARTLAND CIR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD () Delete
Name: ZIMMERMAN, CARRIE L
Address: 7165 HEARTLAND CIR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CURTIS ZIMMERMAN

STD

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date