2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K68459

1. Entity Name
DOUMAR INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1928 COMMERCE LANE SUITE 4 JUPITER, FL 33458 US	1928 COMMERCE LANE SUITE 4 JUPITER, FL 33458 US

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0106287	Not Applicable

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

6. Name and Address of Current Registered Agent

DOUMAR, DAVID R
1928 COMMERCE LANE
SUITE 4
JUPITER, FL 33458

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 $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	DOUMAR, DAVID R PRES.
STREET ADDRESS	5840 SENEGAL DR.
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	D
NAME	DOUMAR, DAVID R
STREET ADDRESS	5840 SENEGAL DR.
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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04/11/07-80072-003 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07   S61 STS (200
Date   Daytime Phone #