

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # K95973



1. Entity Name

AA SHOPRITE INSURANCE AGENCY, INC.

Principal Place of Business

2721 SOUTH U.S. # 1
SUITE # 8
FORT PIERCE FL 34982

Mailing Address

2721 SOUTH U.S. # 1
SUITE # 8
FORT PIERCE FL 34982



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0125503

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROMBA, ALICE A
822 S.E. PRESTON LANE
PT ST LUCIE FL 34983

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	TROMBA, ALICE A	
STREET ADDRESS	822 SE PRESTON LANE	
CITY-STATE-ZIP	PT. ST. LUCIE FL 34983	
TITLE	PST	<input type="checkbox"/> Delete
NAME	TROMBA, ALICE A	
STREET ADDRESS	822 SE PRESTON LANE	
CITY-STATE-ZIP	PT. ST. LUCIE FL 34983	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TROMBA, KENNETH A	
STREET ADDRESS	545 SW VIOLET AVE	
CITY-STATE-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TROMBA, JOSEPH O	
STREET ADDRESS	574 NW MARION AVE	
CITY-STATE-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000639365	
CITY-STATE-ZIP	02/28/07-80048-015 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alice A. Tromba* Alice A. Tromba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2007 772-461-4477

Date

Daytime Phone #