


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L18295		
1. Entity Name TRANS-FLORIDA INSURANCE AGENCY, INC.		
Principal Place of Business 7821 DEERCREEK CLUB ROAD SUITE 101 JACKSONVILLE, FL 32256	Mailing Address 7821 DEERCREEK CLUB ROAD SUITE 101 JACKSONVILLE, FL 32256	



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3025211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANDSCHOOT, CARLOTTA 7821 DEERCREEK CLUB ROAD SUITE 101 JACKSONVILLE, FL 32256
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDSCHOOT, CARLOTTA W 12760 EDENBRIDGE CT JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, MELANIE W 2807 EVERCHARM PLACE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON III, WILLIAM A 3430 CORMORANT COVE. DR. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WATSON, JANELLE W 2807 EVERCHARM PLACE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JR., WILLIAM A 2807 EVERCHARM PLACE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/06-80003-011 150.00

**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:

Carlotta Landschoot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 904-596-5902
Date Daytime Phone #

Carlotta Landschoot