

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37854

FILED
Apr 27, 2006
Secretary of State

Entity Name: MEL HIMES AND ASSOCIATES INSURANCE AGENCY, INC.

Current Principal Place of Business:

321 STRATFORD COMMONS CT
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

321 STRATFORD COMMONS CT
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-2933057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIMES, JR, MELVIN F OWNER
321 STRATFORD COMMONS CT
DELTONA, FL 32725 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: PRES () Delete
Name: HIMES, JR, MELVIN F PRES
Address: 2141 WIGGLY FARMS ROAD
City-St-Zip: DELTONA, FL 32725 US

Title: VP () Delete
Name: HIMES, JACKIE A VP
Address: 2141 WIGGLY FARMS ROAD
City-St-Zip: DELTONA, FL 32725 US

Title: SEC () Delete
Name: KELLY, ANGELA B SEC
Address: 2141 WIGGLY FARMS ROAD
City-St-Zip: DELTONA, FL 32725 US

Title: DIR () Delete
Name: PIENKA, MARY A DIR
Address: 1455 WATERVIEW DRIVE
City-St-Zip: DELTONA, FL 32738 US

Title: TRES () Delete
Name: HIMES, III, MELVIN F TREAS
Address: 2141 WIGGLY FARMS ROAD
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: KELLY, ANGELA B SEC
Address: C/O 2141 WIGGLY FARMS ROAD
City-St-Zip: DELTONA, FL 32725 US

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

Title: TRES (X) Change () Addition
Name: HIMES, III, MELVIN F TREAS
Address: 1821 OAK GROVE AVE
City-St-Zip: DELTONA, FL 32725 US

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: MELVIN F HIMES JR

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date