

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90100 015 ***150.00

DOCUMENT # L57774

1. Entity Name
SALE INSURANCE AGENCY, INC.



Principal Place of Business
**C/O HAROLD A. SALE
309 S. TENNESSEE AVENUE
LAKELAND, FL 33801-4617**

Mailing Address
**P O BOX 1
309 S. TENNESSEE AVENUE
LAKELAND, FL 33802 US**

60009562



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2994812

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALE, HAROLD A.
309 S. TENNESSEE AVENUE
LAKELAND, FL 33802**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SALE, HAROLD A
309 S. TENNESSEE AVENUE
LAKELAND, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SALE, HAROLD A
309 S. TENNESSEE AVE.
LAKELAND, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SALE, ROBERT H
309 S. TENNESSEE AVENUE
LAKELAND, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: *H. Sale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 863 682 0343
Date Daytime Phone #