

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90097 041 ***150.00

DOCUMENT # M45746 1. Entity Name INS INSURANCE BROKERS, INC.			
Principal Place of Business 600 SANDTREE DRIVE 212 PALM BEACH GARDENS, FL 33403 US		Mailing Address 600 SANDTREE DRIVE 212 PALM BEACH GARDENS, FL 33403 US	
2. Principal Place of Business - No P.O. Box # 19510 US Hwy 1 North Suite, Apt. #, etc.		3. Mailing Address 19510 US Hwy 1 North Suite, Apt. #, etc.	
City & State Tequesta, FL Zip 33469		City & State Tequesta, FL Zip 33469	
Country U.S.A.		Country USA	
4. FEI Number 59-2775031		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAFFERTY, JOLYNN 10337 SE BANYAN WAY TEQUESTA, FL 33469		7. Name and Address of New Registered Agent 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 <u><i>[Signature]</i></u> DATE <u>4/21/08</u> <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFFERTY, JOLYNN <input type="checkbox"/> Delete 600 SANDTREE DRIVE #212 PALM BEACH GARDENS, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19510 US Hwy 1 North Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY LAFFERTY, SEAN R <input type="checkbox"/> Delete 600 SANDTREE DRIVE #212 PALM BEACH GARDENS, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19510 US Hwy 1 North Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>[Signature]</i></u> Pres		Date <u>4/21/08</u> Daytime Phone # <u>561-222-2220</u>	