

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90043 045 \*\*\*150.00

**DOCUMENT # M74870**

1. Entity Name  
**CAPITOL GUARANTY HOLDING CORPORATION**



Principal Place of Business  
**4334 E. TRADEWINDS AVENUE  
LAUDERDALE-BY-THE-SEA, FL 33308**

Mailing Address  
**4334 E. TRADEWINDS AVENUE  
LAUDERDALE-BY-THE-SEA, FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0115974**

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

**SORENSEN, EVERETT  
4334 E TRADEWINDS AVE  
LAUDERDALE BY THE SEA, FL 33308**

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, 2006 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
SORENSEN, EVERETT  
4334 E. TRADEWINDS AVENUE  
LAUDERDALE BY-THE-SEA, FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
COBB, KEITH D  
2521 DEL LARGO DRIVE  
FORT LAUDERDALE, FL 33316** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SORENSEN, GREGORY  
PO BOX 599  
HORSHAM, PA 19044** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1120 WELSH ROAD, SUITE 220  
NORTH WALES, PA 19454**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEGGS, WILLIAM F  
2929 E. COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1650 N.E. 26TH STREET, SUITE 105  
WILTON MANORS, FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GASSER, BARBARA  
4604 BOUGAINVILLE DRIVE  
LAUDERDALE BY THE SEA, FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOHNSON, OSCAR K  
9 S.E. 11TH AVENUE  
POMPANO BEACH, FL 33060** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EVERETT SORENSEN 3/28/06 954-491-5289**

Date

Daytime Phone #