

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended


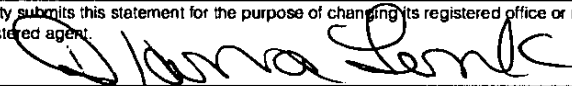
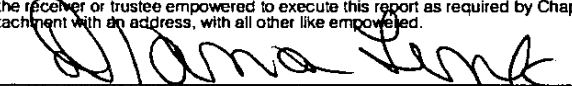
FILED

06 APR 11 AM 10:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



04042006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # M78898</b>			
1. Entity Name DONALD CONNICK INSURANCE, INC.			
Principal Place of Business 3442 E LAKE ROAD SUITE 314 PALM HARBOR, FL 34685 US		Mailing Address 3442 E LAKE ROAD SUITE 314 PALM HARBOR, FL 34685 US	
2. Principal Place of Business		3. Mailing Address 13246-38th Street N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Clearwater FL	
Zip	Country	Zip	Country
		33762	USA
4. FEI Number 59-2883547		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		7. Name and Address of New Registered Agent	
CONNICK, DONALD S. 3442 E LAKE RD STE 314 PALM HARBOR, FL 34685		Name Diana Fink	
		Street Address (P.O. Box Number is Not Acceptable)	
		13246-38th Street North	
		City	Zip Code
		Clearwater	FL 33762
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		DATE	
		4/4/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when renewing)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		300072289859 04/27/06--01017--018 **61.25	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	CEO
NAME	CONNICK, DONALD S.	NAME	Diana Fink
STREET ADDRESS	213 CLAYS TRAIL	STREET ADDRESS	13246-38th Street North
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	Clearwater, FL 33762
TITLE	VSD	TITLE	President
NAME	CONNICK, YAMILLA J	NAME	Sidney Henton
STREET ADDRESS	213 CLAYS TRAIL	STREET ADDRESS	13246-38th Street North
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	Clearwater, FL 33762
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:		Date	
		4/4/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	