## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Apr 24, 2006 08:00 AN Secretary of State DQCUMENT # P00000021725 MARCO INSURANCE SERVICES, INC. Principal Piece of Business Mailing Address 847 N COLLIER BLVD MARCO ISLAND FL 34145 847 N COLLIER BLVD MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For City & State City & State 59-3637754 Not Applicable Zip Country Country \$8.75 Additional ZiD 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUFAULT, DANIEL J 847 N COLLIER BLVD Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 34145 City 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 reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change noitibbA [ TITLE NAME DUFAULT, DANIEL J NAME STREET ADDRESS STREET ADDRESS 847 N COLLIER BLVD U00000528529 CITY-ST-ZIP CITY-SY-ZIP MARCO ISLAND FL 34145 05/n4/n6-8nn76-n23 150..no ☐ Addition ☐ Delete THE Change : TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-782 CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Addition ☐ Delete ☐ Change TOTALE TITLE NAME MANA STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change Addition TITLE ☐ Delele NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 dusted 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.

FICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Daynme Phone #