


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000032527 1. Entity Name LOUIS T. ACERNESE AGENCY, INC.	
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Principal Place of Business 1761 WEST HILLSBORO BOULEVARD SUITE 102 DEERFIELD BEACH, FL 33442	Mailing Address 1761 WEST HILLSBORO BOULEVARD SUITE 102 DEERFIELD BEACH, FL 33442
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1001305	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 ACERNESE, LOUIS T 1761 WEST HILLSBORO BOULEVARD SUITE 102 DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE

8. The above 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 _____ (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**

000000387871
01/19/06-80056-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACERNESE, LOUIS T 1940 SW 9TH STREET BOCA RATON, FL 33486
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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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 - changed, or on an attachment with an address, with all other life empowered.

SIGNATURE X Acern Acern X 1-13-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #