


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000037724**

1. Entity Name  
**PLATZ INSURANCE, INC.**



Principal Place of Business      Mailing Address

**8480 OKEECHOBEE BLVD STE 6**      **8480 OKEECHOBEE BLVD STE 6**  
**WEST PALM BEACH, FL 33411**      **WEST PALM BEACH, FL 33411**

**DO NOT WRITE IN THIS SPACE**



02012008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>65-0999161</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SOPKO, JAMES**  
**853 SE MONTEREY COMMONS BLVD**  
**STUART, FL 34996**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATZ, RICHARD L 8480 OKKECHOBEE BLVD, SUITE 6 WEST PALM BEACH, FL 33411
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 02/20/08-80004-015 150.00

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

**02/06/2008 (561)684-8801**  
 Date      Daytime Phone #