2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077658

City-St-Zip:

FILED Mar 06, 2006 Secretary of State

Entity Name:	: JOHN	WAYNE HARRISON INSURAN	ICE SERVICES I, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
3046 W BEAR TAMPA, FL 3						
Current Maili	ress:	New Maili	New Mailing Address:			
3046 W BEAR TAMPA, FL 3						
FEI Number: 59-	-3668852	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
HARRISON, JOHN W 1120 FLORES DE AVILA TAMPA, FL 33613 US			16303 VILI	HARRISON, JOHN W 16303 VILLARREAL DE AVILA TAMPA, FL 33613 US		
The above nai		ry submits this statement for the	purpose of changing i	its registere	d office or registered agent, or both,	
SIGNATURE:	W HARRISON		03/06/2006			
	Electr	onic Signature of Registered A	gent		Date	
Election Campa	ign Financ	ing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Address: 11 City-St-Zip: TA	ARRISON, 120 FLORE AMPA, FL	ES DE AVILA 33613	Title: Name: Address: City-St-Zip:	TAMPA, FL	ARREAL DE AVILA 33613	
Title: Name: Address:		() Delete	Title: Name: Address:		()Change(X)Addition , PATRICIA D ARREAL DE AVILA	

City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W HARRISON D 03/06/2006