

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN 16 AM 8:27



DOCUMENT # P0000081418 1. Entity Name GARY R. DAHLER INSURANCE AGENCY, INC.					
Principal Place of Business 927 NORTH BAY STREET EUSTIS, FL 32726		Mailing Address 927 NORTH BAY STREET EUSTIS, FL 32726			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3670665	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAHLER, GARY R 927 NORTH BAY STREET EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME DAHLER, GARY R STREET ADDRESS 927 NORTH BAY STREET CITY-ST-ZIP EUSTIS, FL 32726			TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gary R. Dahler STREET ADDRESS 927 North Bay Street, Eustis, FL 32726 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> Delete NAME DAHLER, JANET S STREET ADDRESS 927 NORTH BAY STREET CITY-ST-ZIP EUSTIS, FL 32726			TITLE PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Janet S. Dahler STREET ADDRESS 927 North Bay Street, Eustis, FL 32726 CITY-ST-ZIP		
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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: <i>Janet S. Dahler</i> Janet S. Dahler <i>6-6-06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President Date			



06052006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FL Zip Code

Amended AR is \$61.25

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

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06/21/06--01040--005 **61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #