2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
PALM HAVEN INSURANCE AGENCY OF FLORIDA, INC.

Principal Place of Business
200 SOUTH PINE ST
OCALA, FL 34480

Mailing Address
P.O. BOX 311806
NEW BRAUNFELS, TX 78131-1806

01102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3709567

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000397237
01/30/06-80041-002 150.00

OFFICERS AND DIRECTORS

TITLE	O
NAME	KEENER, LARRY H
STREET ADDRESS	15303 DALLAS PKWY., STE 800
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	P
NAME	GAVIN, RYAN
STREET ADDRESS	15303 DALLAS PKWY., STE 900
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VP
NAME	TACKE, KELLY
STREET ADDRESS	15303 DALLAS PKWY STE 800
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	T
NAME	KOTYLO, WILLIAM A
STREET ADDRESS	100 NORTHWOODS DR.
CITY-ST-ZIP	NEW BRAUNFELS, TX 78132
TITLE	S
NAME	BROCK, RALPH
STREET ADDRESS	100 NORTHWOODS DR.
CITY-ST-ZIP	NEW BRAUNFELS, TX 78132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ralph Brock 1/11/06 (830)629-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #