


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000022546		
1. Entity Name DIAN ROBINSON INSURANCE, INC.		
Principal Place of Business 1240 W 23 STREET PANAMA CITY, FL 32405	Mailing Address 1240 W 23 STREET PANAMA CITY, FL 32405	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SOMBATHY, JULIE ANN 434 MAGNOLIA AVE PANAMA CITY, FL 32401		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: <u>Julie Ann Sombathy</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reissuing) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DIAN 1240 W 23 STREET PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Dian Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/1/06</u> 850-769-2281 <small>Daytime Phone #</small>



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3718149

Applied For
Not Applicable

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

000000424797
02/12/06-80066-005 150.00

**DO NOT WRITE
IN THIS SPACE**