

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000043035	
1. Entity Name INSURANCE AGENCY OF ERIK GINKINGER, INC.	

Principal Place of Business 12730 NEW BRITTANY BLVD STE 419 FT MYERS, FL	Mailing Address 12730 NEW BRITTANY BLVD STE 419 FT MYERS, FL
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DO NOT WRITE IN THIS SPACE



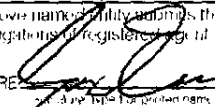
04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1106324	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GINKINGER, ERIK L 12730 NEW BRITTANY BLVD STE 419 FT MYERS, FL

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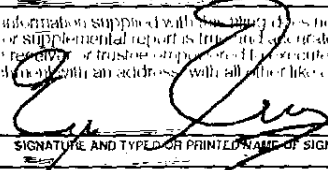
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  (NOTE: Registered Agent signature required when registering.) DATE:

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
NAME GINKINGER, ERIK L STREET ADDRESS 1441 ARGYLE DRIVE CITY-STATE-ZIP FORT MYERS, FL 33919	
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04/27/05-80052-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 registered or trustee company, or that I prepare this report as required by Chapter 197, 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:  DATE: 4/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR