

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098607

FILED
Jan 04, 2006
Secretary of State

Entity Name: BIRCHELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

1121 SHADOWBROOK TRAIL
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1121 SHADOWBROOK TRAIL
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3745473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRCHELL, LORI
1121 SHADOWBROOK TRAIL
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIRCHELL, LORI
Address: 1121 SHADOWBROOK TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: BIRCHELL, DAVID
Address: 1121 SHADOWBROOK TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORI BIRCHELL

PRES

01/04/2006

Electronic Signature of Signing Officer or Director

Date