

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 025 ***150.00

DOCUMENT # P02000027219

1. Entity Name
VALLEJO INSURANCE AGENCY, INCORPORATED



Principal Place of Business
**4201 N. ARMENIA AVE
TAMPA, FL 33607**

Mailing Address
**4215 N. ARMENIA AVENUE
TAMPA, FL 33607**

50061276



07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2067874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VALLEJO, NORBERTO
4215 N. ARMENIA AVENUE
TAMPA, FL 33607**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME VALLEJO, NORBERTO
STREET ADDRESS 4215 N. ARMENIA AVENUE
CITY-ST-ZIP TAMPA, FL 33607**

**TITLE V
NAME VELEZ, LEIDA NANNETTE
STREET ADDRESS 4215 N. ARMENIA AVENUE
CITY-ST-ZIP TAMPA, FL 33607**

**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**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leida N. Velez 8-9-05 813-927-0470

ATTACHMENT 50061276
PO2000027219
SUPERIOR INSURANCE SERVICES

DBA VALLEJO INSURANCE AGENCY, INC.

4201 North Armenia Avenue * Tampa, Florida 33607 * Office: (813)350-9902 * Fax: (813)350-9904



August 9, 2005

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Please take notice that I received the attached post card for the first time on June 29, 2005. At no time prior had I ever received another letter or post card stating to pay anything. All my documentation is current with the State of Florida and the IRS. I have yet to fail to file any notices with the state and therefore wish to have this penalty removed as for we never received a first notice.

I am enclosing a \$150.00 check for the amount that should have been the amount to be sent primarily. If I need to do anything further to dispute this matter please contact me as soon as possible so that I may comply.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Leida Nannette Velez', written over the printed name and title.

Leida Nannette Velez
Vice President