

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049933

FILED
Jan 05, 2006
Secretary of State

Entity Name: DOLIN INSURANCE AGENCY, INC.

Current Principal Place of Business:

1411 S.E. 47TH STREET
SUITE 4
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101428
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 02-0598466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLIN, NORMAN H
1411 S.E. 47TH STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

DOLIN, NORMAN H
1411 S.E. 47TH STREET
SUITE 4
CAPE CORAL, FL 33904 US

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

01/05/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOLIN, NORMAN H
Address: 1411 S.E. 47TH STREET
City-St-Zip: CAPE CORAL, FL 33910

Title: V () Delete
Name: DOLIN, MICHELLE C
Address: 1411 S.E. 47TH STREET
City-St-Zip: CAPE CORAL, FL 33910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOLIN, NORMAN H
Address: 1411 S.E. 47TH STREET, SUITE 4
City-St-Zip: CAPE CORAL, FL 33904

Title: V (X) Change () Addition
Name: DOLIN, MICHELLE C
Address: 1411 S.E. 47TH STREET, SUITE 4
City-St-Zip: CAPE CORAL, FL 33904

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: NORMAN H DOLIN

Electronic Signature of Signing Officer or Director

P

01/05/2006

Date