


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90066 029 ***150.00

DOCUMENT # P02000089616	
1. Entity Name INSURANCE SOLUTIONS OF NORTHEAST FLORIDA, INC.	

Principal Place of Business 2955 HARTLEY RD. SUITE 102 JACKSONVILLE, FL 32257 US	Mailing Address 2955 HARTLEY RD. SUITE 102 JACKSONVILLE, FL 32257 US
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2. Principal Place of Business 2955 Hartley Rd Suite, Apt. #, etc. Suite 103 City & State Jacksonville, FL Zip 32257 Country USA	3. Mailing Address 2955 Hartley Rd Suite, Apt. #, etc. Suite 103 City & State Jacksonville, FL Zip 32257 Country USA
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03092006 Chg-P CR2E034 (11/05)

4. FEI Number 51-0421761	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIZRAHI, DENNIS L 11540 TRUXTON COURT JACKSONVILLE, FL 32223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIZRAHI, DENNIS L 11540 TRUXTON COURT JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIZRAHI, MOLLIE G 11540 TRUXTON COURT JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mollie G Mizrahi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____