


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90073 007 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P03000005251</b>                             |  |
| 1. Entity Name<br>SYLVIA P. RUSCHE' INSURANCE AGENCY, INC. |   |

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| Principal Place of Business<br>150 2ND AVENUE<br>STE 650<br>SAINT PETERSBURG, FL 33701 | Mailing Address<br>150 2ND AVENUE<br>STE 650<br>SAINT PETERSBURG, FL 33701 |
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| 2. Principal Place of Business - No P.O. Box #<br>104 1st Street N<br>Suite, Apt. #, etc. (NONE) | 3. Mailing Address<br>104 1st Street N<br>Suite, Apt. #, etc. (NONE) |
| City & State<br>St Petersburg FL<br>Zip 33701 Country Pinellas                                   | City & State<br>St Petersburg FL<br>Zip 33701 Country Pinellas       |

|  |  |
|--|--|
| 8. Name and Address of Current Registered Agent<br>RILEY, STEVEN P ESQ.<br>4805 W. LAUREL STREET<br>SUITE 230<br>TAMPA, FL 33607 |  |
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4000100



04182007 Chg-P CR2E034 (12/06)

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| 4. FEI Number<br>06-1671826  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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 re-registering) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>RUSCHE', SYLVIA P<br>120 2ND AVENUE<br>SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>104 1st STREET N. |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>VINES, JESSICA C<br>120 2ND AVENUE<br>SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>104 1st STREET N  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC<br>RUSCHE', SYLVIA P<br>120 2ND AVENUE<br>SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>104 1st STREET N  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TRES<br>RUSCHE', SYLVIA P<br>120 2ND AVENUE<br>SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>104 1st STREET N  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CHMN<br>RUSCHE', SYLVIA P<br>120 2ND AVENUE<br>SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>104 1st STREET N  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Sylvia P. Rusche' 4-18-07 (727) 5029442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #