

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90073 009 \*\*\*158.75

DOCUMENT # P03000012453

1. Entity Name  
INSECO USA, INC.



Principal Place of Business  
5601 BANNER DRIVE  
FORT MYERS, FL 33912 US

Mailing Address  
5601 BANNER DRIVE  
FORT MYERS, FL 33912 US



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2104765

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DOIKOS, MICHAEL  
5601 BANNER DRIVE  
FT. MYERS, FL 33912

**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 \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOIKOS, MICHAEL
STREET ADDRESS	<del>4053 1/2 SANDLEWOOD LANE</del> 5601 BANNER DR
CITY-ST-ZIP	<del>FORT MYERS, FL 33907</del> Ft Myers FL 33912
TITLE	VTSD
NAME	DOIKOS, GEORGE
STREET ADDRESS	<del>4053 1/2 SANDLEWOOD LANE</del> 5601 BANNER DR
CITY-ST-ZIP	<del>FORT MYERS, FL 33907</del> Ft Myers FL 33912
TITLE	VP
NAME	K. Doikos, Kostas
STREET ADDRESS	5601 BANNER DR
CITY-ST-ZIP	Ft Myers FL 33912
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KG. Doikos, VP

4/10/07

239-791-0071