## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000012453** 

1. Entity Name INSECO USA, INC.

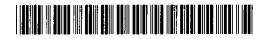


Principal Place of Business

Mailing Address

5601 BANNER DRIVE FORT MYERS, FL 33912 US **5601 BANNER DRIVE** FORT MYERS, FL 33912 US

**FILED** Apr 28, 2008 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

03062008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 54-2104765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE.

## DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office or r	egistered agent, or both, in the State of Florida	I am familiar with, and accept
	the obligations of registered agent.		

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PD TITLE NAME DOIKOS, MICHAEL STREET ADDRESS 5601 BANNER DR. FORT MYERS, FL 33912 CITY-ST-ZIP TITLE DOIKOS, GEORGE NAME

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

STREET ADDRESS 5601 BANNER DR. FORT MYERS, FL 33912 CITY-ST-ZIP

DOIKOS, KOSTAS NAME 5601 BANNER DR. STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP TITLE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS CITY - ST - ZIP

-U00000926302° 05/20/08-80061/-004/150:00

DATE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not quality 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 acceptate 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 the report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true a of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with a

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #