2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000022325

1. Entity Name
INSERCO, INC.

Principal Place of Business	Mailing Address
1864 OCEAN VILLAGE PLACE AMELIA ISLAND, FL 32034	1864 OCEAN VILLAGE PLACE AMELIA ISLAND, FL 32034

04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1175971
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SONNATI, ROBERT T
1864 OCEAN VILLAGE PLACE
AMELIA ISLAND, FL 32034

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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 _____ DATE
Signature, type-d or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000504365
04/26/06-80068-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SONNATI, ROBERT T
STREET ADDRESS	1864 OCEAN VILLAGE PLACE
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	VD
NAME	EISENMANN, JENNITEN
STREET ADDRESS	711 CHERRY ST.
CITY-ST-ZIP	AIKEN, SC 29803
TITLE	STD
NAME	SONNATI, JUDY
STREET ADDRESS	1864 OCEAN VILLAGE PL
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert T. Sonnati 4-10-06 (904) 321-4156
Robert T. Sonnati
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #