


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000114491
 1. Entity Name
DAVID TATE INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
 2566 MCMULLEN BOOTH RD. 2566 MCMULLEN SOUTH
 SUITE C SUITE C
 CLEARWATER, FL 33761 US CLEARWATER, FL 33761 US

DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0305266 Not Applicable

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

6. Name and Address of Current Registered Agent
 LAU, JAMES V
 2739 VA CAPRI #1038
 CLEARWATER, FL 33764

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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TATE, DAVID L
STREET ADDRESS	2566-C MCMULLEN BOOTH RD.
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	P
NAME	TATE, DAVID L
STREET ADDRESS	2566-C MCMULLEN BOOTH RD.
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	S
NAME	TATE, DAVID L
STREET ADDRESS	2566-C MCMULLEN BOOTH RD.
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	T
NAME	TATE, DAVID L
STREET ADDRESS	2566-C MCMULLEN BOOTH RD.
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/25/06-80037-003 150.00

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: _____ **2-13-06** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #