

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000116222

1. Entity Name

CHRIS M. CAMPBELL INSURANCE AGENCY, INC.



Principal Place of Business

6555 NOVA DRIVE
SUITE 312
DAVIE, FL 33317-742 US

Mailing Address

6555 NOVA DRIVE
SUITE 312
DAVIE, FL 33317-742 US

DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-0311721

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, CHRIS
6555 NOVA DRIVE
SUITE 312
DAVIE, FL 33317

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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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CAMPBELL, CHRIS
6555 NOVA DRIVE, SUITE 312
DAVIE, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000482834
04/11/06-80091-022 158.75

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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

3/24/06

Date

Daytime Phone #