

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116316

FILED  
Mar 05, 2006  
Secretary of State

Entity Name: SWINSON INSURANCE AGENCY, INC.

## Current Principal Place of Business:

4561 OKEECHOBEE BLVD  
W PALM BEACH, FL 33417

## New Principal Place of Business:

4561 OKEECHOBEE BLVD  
SUITE 1  
W PALM BEACH, FL 33417

## Current Mailing Address:

8235 FOREGO ROAD  
PALM BEACH GARDENS, FL 33418

## New Mailing Address:

FEI Number: 02-0711373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, TIMOTHY K  
480 MAPLEWOOD DRIVE  
SUITE 5  
JUPITER, FL 33458 US

## Name and Address of New Registered Agent:

SWINSON, MALLORY A  
4561 OKEECHOBEE BLVD  
SUITE 1  
WEST PALM BEACH, FL 33417 US

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.

SIGNATURE: MALLORY A SWINSON

03/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete  
Name: SWINSON, MALLORY A  
Address: 8235 FOREGO ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D,VP ( ) Delete  
Name: SWINSON, EDWARD S  
Address: 8235 FOREGO ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: SWINSON, DANIEL J  
Address: 5500 LYONS RD #207  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD S SWINSON

VP

03/05/2006

Electronic Signature of Signing Officer or Director

Date