## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000008136

Title:

Entity Name: MR ALITO INSURANCE OF POLK COLINITY INC

FILED Jan 03, 2007 Secretary of State

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Address of New Registered Agent:
its registered office or registered agent, or both,
Date
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Title:

( ) Delete (X) Change ( ) Addition BRANDJES, ROGER BRANDJES, ROGER Name: Name: P.O. BOX 1565 Address: P.O. BOX 1565 Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33845 () Delete Title: (X) Change ( ) Addition

CROSS, LORI CROSS, LORI Name: Name: Address: P.O. BOX 4443 Address: P.O. BOX 1565 HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33845 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: ROGER BRANDJES MR 01/03/2007