


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90116 028 ***150.00

DOCUMENT # P04000037242					
1. Entity Name RICHARD D. KARGER INSURANCE & FINANCIAL SERVICES, INC.					
Principal Place of Business 2110 SANTA BARBARA BLVD. <i>RK</i> CAPE CORAL, FL 33991 <i>US</i>			Mailing Address 2110 SANTA BARBARA BLVD. <i>RK</i> CAPE CORAL, FL 33991 <i>US</i>		
2. Principal Place of Business 13 Nicholas Pkwy W. Suite, Apt. #, etc. <i>Suite A</i>		3. Mailing Address <i>(same)</i> Suite, Apt. #, etc.			
City & State <i>Cape Coral, FL</i>		City & State		4. FEI Number 20-0792037	
Zip <i>33991</i>		Country <i>Lee</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARGER, RICHARD D 2110 SANTA BARBARA BLVD. 3 CAPE CORAL, FL 33991			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code		
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 <i>[Signature]</i> DATE <i>3/27/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KARGER, RICHARD D 2110 SANTA BARBARA BLVD. CAPE CORAL, FL 33991 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE 23rd PL. 1384 Nicholas Pkwy <i>RK</i> CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Richard D. Karger			Date <i>3/27/06</i> Daytime Phone #		

40041147



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ATTACHMENT

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#P64000037242

RICH KARGER
FLORIDA INSURANCE
BROKERAGE



3/27/06

Hello.

Your website does not work and
I was on hold 20 minutes..... For help.

my Address and phone have
changed.

Rich Karger