


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2007 08:00 A
Secretary of State

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| DOCUMENT # P04000089736 1. Entity Name PARKLAND INSURANCE AGENCY, INC. |  |
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|---|---|
| Principal Place of Business 6610 PARKSIDE DRIVE PARKLAND, FL 33067 | Mailing Address 6610 PARKSIDE DRIVE PARKLAND, FL 33067 |
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DO NOT WRITE IN THIS SPACE

06292007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 86-1107602 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

OSTROW, JEFFREY M
TAYLOR HODKIN KOPELOWITZ & OSTROW, P.A.
350 E. LAS OLAS BLVD., STE. 1440
FORT LAUDERDALE, FL 33301

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEL REY, OSCAR 6610 PARKSIDE DRIVE PARKLAND, FL 33067 |
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08/17/07-80001-014 550.00

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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: _____ **8/7/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**