
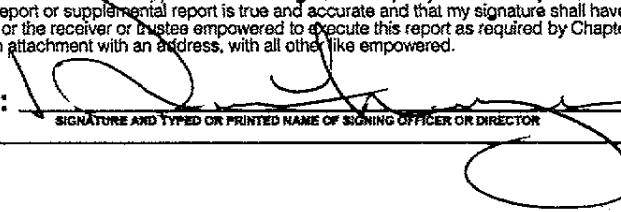


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000132082 1. Entity Name 1ST CHOICE AUTO INSURANCE AND TAX SERVICE OF CITRUS COUNTY, INC.		
Principal Place of Business 2723 HWY 44 WEST INVERNESS, FL 34453	Mailing Address PO BOX 43 INVERNESS, FL 34451	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LANGER, DAWN M 6500 EAST SHADOW LANE INVERNESS, FL 34452		DO NOT WRITE 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 _____ <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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGER, TIMOTHY R 6500 EAST SHADOW LANE INVERNESS, FL 34452	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGER, DAWN M 6500 EAST SHADOW LANE INVERNESS, FL 34452	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		2-20-06 352-344-2284 Date Daytime Phone #



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1693963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/11/06-80025-022 150.00

**DO NOT WRITE
IN THIS SPACE**