


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90217 001 ***150.00

DOCUMENT # P04000135853					
1. Entity Name INSURANCE AND CONSTRUCTION CONSULTING INC.					
Principal Place of Business 260 BEACHWAY DR PALM COAST, FL 32137 US			Mailing Address 260 BEACHWAY DR PALM COAST, FL 32137 US		
2. Principal Place of Business		3. Mailing Address PO Box 354954			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Palm Coast FL		4. FEI Number 20-1665769	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32135		Country U.S.A.		04242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent MEDLEY, KIMBLE 260 BEACHWAY DR PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Kimble Medley</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/24/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <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	P, T MEDLEY, KIMBLE 260 BEACHWAY DR PALM COAST, FL 32137		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Kimble Medley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/24/06</u> Date		<u>386 986 4949</u> Daytime Phone #