

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152599

FILED
Mar 23, 2006
Secretary of State

Entity Name: SARASOTA INSURANCE BROKERS, INC.

Current Principal Place of Business:

2959 BEE RIDGE ROAD
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2959 BEE RIDGE ROAD
SARASOTA, FL 34239

New Mailing Address:

4320 DEERWOOD LAKE PARKWAY
SUITE 101, #311
JACKSONVILLE, FL 32216

FEI Number: 20-1818634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISALI, PHILIP C
2959 BEE RIDGE ROAD
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

VISALI, PHILIP C
4320 DEERWOOD LAKE PARKWAY
SUITE 101, #311
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: PHILIP VISALI

03/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VISALI, PHILIP C
Address: 2959 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VISALI, PHILIP C
Address: 4320 DEERWOOD LAKE PARKWAY SUITE 101, #311
City-St-Zip: JACKSONVILLE, FL 32216

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: PHILIP VISALI

D

03/23/2006

Electronic Signature of Signing Officer or Director

Date