2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006
Secretary of State

DOCUMENT# P05000038707

Entity Name: KILLIAN INSURANCE AGENCY, INC.

Current Principal Place of Business:

5250 39TH AVENUE NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

14004 ROOSEVELT BLVD
601-G
CLEARWATER, FL 33762

Current Mailing Address:

5250 39TH AVENUE NORTH
ST. PETERSBURG, FL 33709

New Mailing Address:

14004 ROOSEVELT BLVD
601-G
CLEARWATER, FL 33762

FEI Number: 87-0742238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KILLIAN, MARY
5250 39TH AVENUE NORTH
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

KILLIAN, MARY M
5250 39TH AVENUE NORTH
ST. PETERSBURG, FL 33709 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: MARY KILLIAN 03/03/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: KILLIAN, MARY
Address: 5250 39TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP/T ( ) Delete
Name: KILLIAN, MARY
Address: 5250 39TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: S ( ) Delete
Name: KILLIAN, MARY
Address: 5250 39TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARY KILLIAN P/D 03/03/2006
Electronic Signature of Signing Officer or Director Date