
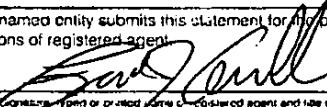
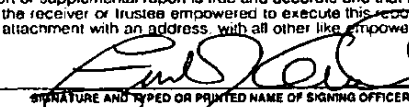


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90061 030 ***150.00

DOCUMENT # P05000115812 1. Entity Name GREAT FLORIDA INSURANCE OF TEQUESTA, INC.					
Principal Place of Business 245 U.S. HIGHWAY 1 TEQUESTA FL 33469		Mailing Address 245 U.S. HIGHWAY 1 TEQUESTA FL 33469			
2. Principal Place of Business South Florida		3. Mailing Address 275 US Hwy 1			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tequesta FL		City & State Tequesta Florida		4. FEI Number 610842903	
Zip 33469		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name Great Florida Insurance B Jensen Bch Street Address (P.O. Box Number is Not Acceptable) 1514 NE Jensen Beach Blvd City Jensen Beach FL Zip Code 33457			
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  DATE 1/24/06 <small>(NOTE: Registered Agent signature required when constituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <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	PSTD CACELLA, FRANK J 245 U.S. HIGHWAY 1 TEQUESTA FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Frank J Caccella 275 S. US Hwy 1 Tequesta, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			1/24/06 541 746 7744		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



Attachment

40018950

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

GREAT FLORIDA INSURANCE OF TEQUESTA, INC.
275 US HWY 1
TEQUESTA, FL 33469

Subject: GREAT FLORIDA INSURANCE OF TEQUESTA, INC.

Reference Number: P05000115812

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION

ATTACHMENT

40018950

#P05000115812

Great Florida Insurance

Tequesta

275 S. US Highway 1 Tequesta, FL 33469
Phone (561) 746-7744 Fax (561) 748-5994
greatflorida@bellsouth.net

Jensen Beach

1514 Jensen Bch Blvd. Jensen Beach, FL 34957
Phone (772) 334-3347 Fax (772) 334-3348
greatfloridainsurance@gate.net

January 25, 2006

To Florida Dept of State,

PLEASE MAKE ADDRESS CORRECTION THANK YOU!!

CORRECT ADDRESS:

275 US Highway 1
Tequesta, FL 33469

Mary Beth Cariello

Mary-Beth Cariello
CSR., Tequesta Office