2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P05000154135 04-06-2006 90025 022 ***150.00 DAN EVERS INSURANCE, P.A. Mailing Address Principal Place of Business 706 WEST MAIN STREET **706 WEST MAIN STREET** 66010989 AVON PARK, FL 33825 AVON PARK, FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03282006 Chg-P City & State Applied For City & State 4. FEI Number 20-3871236 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EVERS, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 706 WEST MAIN STREET AVON PARK, FL 33826 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition EVERS, DANIEL R NAME NAME PO BOX 730 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 338260730 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-70P □ Change ■ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME HALLE STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 of 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 any attachment with an address, with all other like empowered. changed, or on an

FILED Apr 20, 2006 8:00 am



April 10, 2006

DAN EVERS INSURANCE, P.A.
706 WEST MAIN STREET
AVON PARK, FL 33825

Subject: DAN EVERS INSURANCE, P.A.

Reference Number:

P05000154135

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

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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.

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