

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000011013

1. Entity Name
NEW RIVER GENERAL INSURANCE AGENCY, INC.



FILED

07 MAR -6 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1180 SW 36TH AVENUE
POMPANO BEACH, FL

Mailing Address
1180 SW 36TH AVENUE
POMPANO BEACH, FL



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007

Chg-P

CR2E034 (12/06)

07

4. FEI Number
20-4112147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISS, DAVID
2101 NW CORPORATE BOULEVARD
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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.

Sarah B. Ayala
Assistant Secretary

SIGNATURE *Sarah B. Ayala*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

100092283201

03/12/07--01017--029 **150.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HIMMELSTEIN, MARVIN DAVID
STREET ADDRESS 25 CHICORY LANE
CITY-ST-ZIP RIVERWOODS, IL 60015

TITLE D ☐ Delete
NAME MORRIS, GLENN SCOTT
STREET ADDRESS 123 OAKMONT
CITY-ST-ZIP DEERFIELD, IL 60015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME Himmelstein, Marvin David
STREET ADDRESS 25 Chicory Lane
CITY-ST-ZIP Riverwoods, IL 60015

TITLE VSCD ☒ Change ☐ Addition
NAME Morris, Glenn Scott
STREET ADDRESS 123 Oakmont
CITY-ST-ZIP Deerfield, IL 60015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Marvin D. Himmelstein*

/President

2/21/2007

(847) 635-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marvin D. Himmelstein

Date

Daytime Phone #