


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90042 005 ***158.75

DOCUMENT # P06000063765	
1. Entity Name DEBORAH TREMBLAY AA AGENT, INC.	

Principal Place of Business 3423 E SILVER SPRINGS BLVD STE 3B OCALA, FL 34470	Mailing Address 3423 E SILVER SPRINGS BLVD STE 3B OCALA, FL 34470
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2. Principal Place of Business - No P.O. Box # 3249 E Silver Springs Blvd	3. Mailing Address 107 NE 1st Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA FL	City & State OCALA, FL
Zip 34470	Country US
Zip 34470	Country USA

6. Name and Address of Current Registered Agent TREMBLAY, DEBORAH 3423 E SILVER SPRINGS BLVD STE 3B OCALA, FL 34470	
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20006272

03092007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4808463	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: Deborah Tremblay	Date: 3/19/07 Daytime Phone #: 352-816-0050