


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

01-14-2008 90103 014 ***138.75
02-28-2008 90012 031 ****11.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P07000094577 | | | |  | |
| 1. Entity Name HOLCROFT & KANDEL INSURANCE PROFESSIONALS, INC. | | | | | |
| Principal Place of Business 4485 BROOK DRIVE WEST PALM BEACH, FL 33417 US | | | Mailing Address 4485 BROOK DRIVE WEST PALM BEACH, FL 33417 US | | |
| 2. Principal Place of Business - No P.O. Box # <i>Same</i> | | 3. Mailing Address <i>Same</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 26-0777950 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent HOLCROFT, SAMUEL J 4485 BROOK DRIVE WEST PALM BEACH, FL 33417 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 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 | P HOLCROFT, SAMUEL J 4485 BROOK DRIVE WEST PALM BEACH, FL 33417 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T,S HOLCROFT, STACY 4485 BROOK DRIVE WEST PALM BEACH, FL 33417 | <input type="checkbox"/> Delete | | | |
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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: <u>Samuel J. Holcroft</u> 1/12/08 561-252-6565 | | | | | |

ATTACHMENT

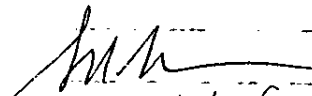
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2/23/08

Please note the enclosed check for \$11,25 as requested in your letter for our corp. Holcroft and Kandel Insurance Professionals, Inc.

Also, you requested this 30 days from the date of the letter, but we received it on 2/23/08 and the postmark on the envelope was 2/22/08 (enclosed) ... so the date on the letter must be in error.

Thank You,


Sam Holcroft
phone 561-236-2069