

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000004789					
1. Entity Name FLORIDA CROP INSURANCE AGENCY, INC.					
Principal Place of Business 7722 SR 544 E STE. 215 WINTER HAVEN FL 33881 US			Mailing Address P.O. BOX 622 STE 215 HAINES CITY FL 33845 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent DAVIS, BRUCE A 7722 SR 544 STE 215 WINTER HAVEN FL 33881				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 registering)					
DATE _____					
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. ☐ \$5.00 May E Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	D			☐ Delete	
NAME	DAVIS, BRUCE A				
STREET ADDRESS	3082 LANDINGS COURT				
CITY-ST-ZIP	HAINES CITY FL 33845				
TITLE	D			☐ Delete	
NAME	FIFE, WILLIE A				
STREET ADDRESS	DARROW ST				
CITY-ST-ZIP	LIVE OAK FL 32060				
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					



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3158296** Applied For
Not Applicable

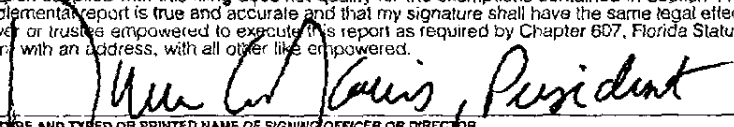
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May E
Added to Fees

U00000430930
02/23/06-80007-018 150.00

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:  President 2/7/06 863/422-1713