

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90011 028 ***150.00

DOCUMENT # P93000019145

1. Entity Name
ASSOCIATED INDUSTRIES INSURANCE SERVICES, INC.



Principal Place of Business
**901 NW 51ST ST.
BOCA RATON, FL 33431**

Mailing Address
**P.O. BOX 310704
BOCA RATON, FL 33431 US**

40042023



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3170795

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEBEL, JON L
901 NW 51ST STREET
BOCA RATON, FL 33431-0704**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

**PD
SHEBEL, JON L
901 NW 51ST STREET
BOCA RATON, FL 33431**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CD
WEST, ROBERT W
516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ZAGORAC, MICHAEL JR
201 E. KENNEDY BLVD., SUITE 1611
TAMPA, FL 33602**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
MCGARVEY, DANIEL J
901 NW 51ST STREET
BOCA RATON, FL 33431**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VCD
SPEARMAN, GUY M III
402 HIGHPOINT DRIVE SUITE A
COCOA, FL 329266634**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SPEARMAN, GUY M III
402 HIGHPOINT DRIVE SUITE A
COCOA, FL 32926-6634**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VCD
DAVIS, T W
1910 SAN MARCO BLVD
JACKSONVILLE, FL 32207**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DAVIS, T W
1910 SAN MARCO BLVD
JACKSONVILLE, FL 32207**

☒ Change ☐ Addition

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:

Daniel J. McGarvey

Daniel J. McGarvey

03/22/06 800/866-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #