

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90246 013 \*\*\*150.00

DOCUMENT # P93000077679 1. Entity Name ARCHER INSURANCE AGENCY, INC.	
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Principal Place of Business 1280 S POWERLINE RD #15 POMPANO BEACH, FL 33069 US	Mailing Address 1280 S POWERLINE ROAD #15 POMPANO BEACH, FL 33069 US
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**DO NOT WRITE IN THIS SPACE**

400500



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0447544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LEIDYS G.  
1280 POWERLINE RD, #15  
POMPANO BEACH, FL 33069

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

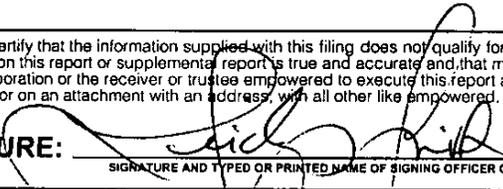
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOATWRIGHT, LEONARD 1280 S POWERLINE RD 115 POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA-SMITH, LEIDYS 9109 NW 68 STREET POMPANO BCH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **3/2/06** 954-979-6210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #