

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90090 038 ***150.00

DOCUMENT # P94000005830

1. Entity Name

ACKERMAN INSURANCE AGENCY, INC.



Principal Place of Business

7320 SANIBEL BLVD
FT. MYERS FL 33912

Mailing Address

7320 SANIBEL BLVD
FT. MYERS FL 33912



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0463907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33967

33967

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACKERMAN, MARK A
7320 SANIBEL BLVD
FT. MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33967

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PD
NAME ACKERMAN, MARK A
STREET ADDRESS 7320 SANIBEL BLVD
CITY- ST- ZIP FT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP 33967 ☒ Change ☐ Addition

TITLE STD
NAME ACKERMAN, LAURA K
STREET ADDRESS 7320 SANIBEL BLVD
CITY- ST- ZIP FT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP 33967 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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:

Mark A Ackerman Mark A Ackerman 12/9/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-267-2828

Daytime Phone #