

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050806

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** SEBREE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

320 NORTH ATLANTIC AVE.  
SUITE 6A  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

1970 US HIGHWAY 1  
SUITE 101  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

320 NORTH ATLANTIC AVE.  
SUITE 6A  
COCOA BEACH, FL 32931

**New Mailing Address:**

1970 US HIGHWAY 1  
SUITE 101  
ROCKLEDGE, FL 32955

**FEI Number:** 59-3258430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEBREE, KENNETH M  
320 NORTH ATLANTIC AVE.  
SUITE 6A  
COCOA BEACH, FL 32931 US

**Name and Address of New Registered Agent:**

SEBREE, KENNETH M  
1970 US HIGHWAY 1  
SUITE 101  
ROCKLEDGE, FL 32955 US

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.

SIGNATURE: KENNETH SEBREE

04/30/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: SEBREE, KENNETH  
Address: 6265 CAPSTAN COURT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPS ( ) Delete  
Name: SEBREE, BEVERLY A  
Address: 6265 CAPSTAN COURT  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY SEBREE

VPS

04/30/2006

Electronic Signature of Signing Officer or Director

Date