

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009191

Entity Name: ISAKSEN INSURANCE, INC.

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

30233 OVERSEAS HWY
BIG PINE KEY, FL 330430531 US

New Principal Place of Business:

30233 OVERSEAS HWY
BIG PINE KEY, FL 33043 US

Current Mailing Address:

PO BOX 430534
BIG PINE KEY, FL 330430531 US

New Mailing Address:

PO BOX 430534
BIG PINE KEY, FL 33043 US

FEI Number: 65-0553848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAKSEN, JOHN F
30233 OVERSEAS HWY
BIG PINE KEY, FL 33043 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: ISAKSEN, GENEVIEVE C
Address: 32 SPOONBILL WAY
City-St-Zip: KEY WEST, FL 33040

Title: PD () Delete
Name: ISAKSEN, JOHN F
Address: 32 SPOONBILL WAY
City-St-Zip: KEY WEST, FL 33040

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: JOHN F. ISAKSEN

PD

01/22/2007

Electronic Signature of Signing Officer or Director

Date