

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000072721

FILED
Mar 31, 2007
Secretary of State

Entity Name: FINKBEINER INSURANCE SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 101625
CAPE CORAL, FL 33910

New Principal Place of Business:

14637 AERIES WAY DR
FORT MYERS, FL 33912

Current Mailing Address:

PO BOX 101625
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 65-0613142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINKBEINER, DENNIS
P.O. BOX 101625
CAPE CORAL, FL 33910 US

Name and Address of New Registered Agent:

FINKBEINER, DENNIS
14637 AERIES WAY DR
FORT MYERS, FL 33912 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: _____

Electronic Signature of Registered Agent

03/31/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FINKBEINER, DENNIS
Address: P.O. BOX 1625 N/A
City-St-Zip: CAPE CORAL, FL 33910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DENNIS FINKBEINER

PD

03/31/2007

Electronic Signature of Signing Officer or Director

Date