

2007 FOR PROFIT CORPORATION ANNUAL REPORT.

**FILED**  
 07 APR 16 PM 12:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P95000093655**

1. Entity Name  
 SHELDON ACKERMAN INSURANCE, INC.



Principal Place of Business      Mailing Address

16657 HEMINGWAY DR      16657 HEMINGWAY DR  
 WESTON, FL 33326      WESTON, FL 33326

**DO NOT WRITE IN THIS SPACE**



03042007    No Chg-P    CR2E034 (11/05)    07

4. FEI Number 65-0633484	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

ACKERMAN, SHELDON  
 16657 HEMINGWAY DRIVE  
 WESTON, FL 33326

**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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ACKERMAN, SHELDON
STREET ADDRESS	16657 HEMINGWAY DR
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800097961058  
 04/23/07--01018--002 \*\*150.00  
 04/15/07-80028-021 158.75

**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: *Sheldon Ackerman*      *3/20/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #