

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011277

**FILED**  
**Mar 07, 2006**  
**Secretary of State**

**Entity Name:** JOHN W. LONG, SR. INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4536 SOUTH CLYDE MORRIS BLVD.  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

4536 SOUTH CLYDE MORRIS BLVD.  
PORT ORANGE, FL 32129

**New Mailing Address:**

FEI Number: 59-3373610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LONG, JOHN W SR.  
4536 SOUTH CLYDE MORRIS BLVD.  
PORT ORANGE, FL 32129 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: D ( ) Delete  
Name: LONG, JOHN W SR.  
Address: 4536 SOUTH CLYDE MORRIS BLVD.  
City-St-Zip: PORT ORANGE, FL 32129

**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: JOHN W LONG SR

D

03/07/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date