

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 OCT 25 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09062006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000060685

1. Entity Name
FLORIDA SELECT INSURANCE AGENCY INC.



Principal Place of Business
1819 MAIN ST
SUITE 700
SARASOTA, FL 34236

Mailing Address
1819 MAIN ST
SUITE 700
SARASOTA, FL 34236

2. Principal Place of Business
Suite, Apt. #, etc. 1101
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc. 1101
City & State
Zip Country

4. FEI Number
59-3390357

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KROUSE, MITCHEL ESQ
1819 MAIN ST
SUITE 700
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
Name Teresa S. McCoy
Street Address (P.O. Box Number is Not Acceptable) 1819 Main St.
Suite 1101
City Sarasota FL Zip Code 34236

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 Teresa S. McCoy DATE 10/19/06
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC LACEFIELD, DAVID W 3760 RIVER RUN DRIVE BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>DANNY E. Laffey</u> <u>2760 River Run Drive</u> <u>Birmingham, AL 35243</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONZALES, ARTHUR J 3760 RIVER RUN DRIVE BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>Robert J. McLaughlin, Jr.</u> <u>3760 River Run Drive</u> <u>Birmingham, AL 35243</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WATJE, JAMES R 1701 UNIVERSITY AVE, SUITE 110 SACRAMENTO, CA 95825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>900080385089</u> <u>10/03/06--01018--005 **\$50.00</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, FRED H 3760 RIVER RUN DRIVE BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EMERY, C. DAID 3760 RIVER RUN DRIVE BIRMINGHAM, AL 35243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOLAN, BOBBY L 1819 MAIN STREET, SUITE 1101 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert J. McLaughlin, Jr. DATE 9/14/06 (205) 920-7138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR