### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P97000000872

1. Entity Name

SURMAN INSURANCE AGENCY, INC.



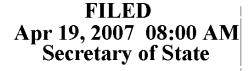
Principal Place of Business

Mailing Address

6099 STIRLING RD 102 6099 STIRLING RD

102

DAVIE, FL 33314 DAVIE, FL 33314





DO NOT WRITE IN THIS SPACE

04082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0725660

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SURMAN, CATHERINE A 6099 STIRLING ROAD #102 DAVIE, FL 33314

# 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.

Signature, typed or printed name of registered agent and title it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

OFFICERS AND DIRECTORS 10. PST TITLE SURMAN, CATHERINE A NAME STREET ADDRESS 6099 STIRLING ROAD #102 CITY-ST-ZIP **DAVIE, FL 33314** TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

U00000717327 04/30/07-80043-021 150.00

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 of 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 aggress with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A SUFTMO

×4/16/07

954-894-4015

Daytime Phone #