

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011803

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** BOBBY PITTMAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

27400 RIVERVIEW CENTER BLVD - STE. 2  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

27400 RIVERVIEW CENTER BLVD - STE. 2  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 59-3436313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMB, JEFFREY R  
868 106TH AVE N  
NAPLES, FL 34108 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: DP ( ) Delete  
Name: PITTMAN, BOBBY  
Address: 504 CHATHAM CIR  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: PITTMAN, BOBBY  
Address: 9255 THE LANE  
City-St-Zip: NAPLES, FL 34109

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:** BOBBY PITTMAN

DP

04/19/2006

Electronic Signature of Signing Officer or Director

Date