

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90047 005 ***150.00

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01162007 Chg-P CR2E034 (12/06)

DOCUMENT # P97000084668			
1. Entity Name NAL INSURANCE AGENCY, INC.			
Principal Place of Business 9652 EAGLE POINT LANE LAKE WORTH, FL 33467		Mailing Address 9652 EAGLE POINT LANE LAKE WORTH, FL 33467	
2. Principal Place of Business - No P.O. Box # 7705 HIGHLANDS CIRCLE		3. Mailing Address 7705 HIGHLANDS CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARGATE, FL		City & State MARGATE, FL	
Zip 33063	Country USA	Zip 33063	Country USA
4. FEI Number 65-0782460		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, LEIANN S 2226 22ND LANE LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4010 S. 57TH AVENUE SUITE 104A City GREENACRES, FL FL Zip Code 33463	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P STYKA, FRED W 7705 HIGHLANDS CR MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Fred Styka</u>		1-30-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	