


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000102232 1. Entity Name DAVID BERGEN INSURANCE AGENCY, INC.	
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Principal Place of Business 3619 LITHIA PINECREST RD VALRICO, FL 33594	Mailing Address 3619 LITHIA PINECREST RD VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3485090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERGEN, DAVID 104 E BLOOMINGDALE AVENUE BRANDON, FL 33511

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERGEN, DAVID 3619 LITHIA PINECREST RD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BERGEN, MELODY 3619 LITHIA PINECREST RD VALRICO, FL 33594
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>01/13/06-80010-008 150.00</p> DO NOT WRITE IN THIS SPACE

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: DAVID BERGEN DAVID BERGEN 1-9-06 8136531004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #