

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90059 019 ***150.00

DOCUMENT # P97000102232

1. Entity Name

DAVID BERGEN INSURANCE AGENCY, INC.



Principal Place of Business

3619 LITHIA PINECREST RD
VALRICO FL 33594

Mailing Address

3619 LITHIA PINECREST RD
VALRICO FL 33594

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3485090

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGEN, DAVID
~~104 E BLOOMINGDALE AVENUE~~
~~BRANDON FL 33511~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3619 LITHIA PINECREST ROAD

City

VALRICO

FL

Zip Code

33594

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

David A. Bergen PROSIDENT

2-8-07

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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: BERGEN, DAVID ☐ Delete
STREET ADDRESS: 3619 LITHIA PINECREST RD
CITY - ST - ZIP: VALRICO FL 33594

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
NAME: BERGEN, MELODY ☐ Delete
STREET ADDRESS: 3619 LITHIA PINECREST RD
CITY - ST - ZIP: VALRICO FL 33594

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY - ST - ZIP:

TITLE
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TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY - ST - ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 A. Bergen PROSIDENT

2-8-07

813 653 1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #