


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000104885 1. Entity Name CYNTHIA BLOMQUIST INSURANCE AGENCY, INC. |  |
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| Principal Place of Business 2802 HOWLAND BLVD. DELTONA, FL 32725 | Mailing Address 2802 HOWLAND BLVD. DELTONA, FL 32725 |
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01222007 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-3503994 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent ABELES, DAVID E 5 W. HIGHBANKS RD. DEBARY, FL 32713 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

000000604333
01/23/07-80049-023 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BLOMQUIST, CYNTHIA 1735 ARRENDONDO GRANT RD. DELEON SPRINGS, FL 32130 |
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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: *Cynthia Blomquist*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan 22, 2006 Daytime Phone # _____

Cynthia Blomquist