

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000000067

1. Entity Name
NORTHEAST UNDERWRITERS, INC.



Principal Place of Business
4790 1ST STREET N
ST PETERSBURG, FL 33703

Mailing Address
4790 1ST STREET N
ST PETERSBURG, FL 33703



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3484324

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

KIJOWSKI, KENNETH J
4790 1ST STREET N
ST PETERSBURG, FL 33703

**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

4-30-07

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIJOWSKI, KENNETH J
STREET ADDRESS	13875 OAK FOREST BLVD S
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	T
NAME	FRESE, ANTHONY
STREET ADDRESS	751 CAPTIVA COURT NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	VS
NAME	MCNULTY, MARY B
STREET ADDRESS	8225 32ND AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	V
NAME	YOUNG, TROY E
STREET ADDRESS	PO BOX 7751
CITY-ST-ZIP	ST PETERSBURG, FL 33734
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07

727-521-4253