




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000010768		
1. Entity Name BRAD L. DALBEY INSURANCE SERVICES, INC.		
Principal Place of Business P. O. BOX 1335 GENEVA, FL 32732		Mailing Address P. O. BOX 1335 GENEVA, FL 32732
DO NOT WRITE IN THIS SPACE		
		 05122006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3496218		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 DALBEY, BRAD 201 N. HART RD. GENEVA, FL 32732		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DALBEY, BRAD L 201 N HART RD GENEVA, FL 32732	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS DALBEY, KAREN J 201 N HART RD GENEVA, FL 32732	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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:  PRESIDENT		5-1-06 407-349-2425
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>