2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000022972



FILED
Jan 11, 2008 8:00 am
Secretary of State
01-11-2008 90031 031 ***150.00

1. Entity Name SANDBERGEN INSURANCE, INC.					01-11-2008 90031 031 ****150.00			
Principal Plac 2121 NE CO CLEARWATER	ACHMAN ROAD		Mailing Address 2121 NE COACHMAN ROAD CLEARWATER, FL 33765		40001044			
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008	Chg-P	CR2E034 (1	CR2E034 (12/06)	
City & State		City & State		4. FEI Num 59-34			Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired		5 Additional dequired	
	6. Name and Address of Current	Registered Agent		7. Nams an	d Address of New R	egistered Agent		
SANDBERGEN, STEVEN R				Name				
2121 NE COACHMAN ROAD CLEARWATER, FL 33765			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City	*****		FL Z	ip Code	
B. 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 a	ind title if applicable. (NOTE	E: Registered Agent signature	e required when reinstating)	1	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Cont		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	S/CHANGES TO OFFI	ICER\$ AND DIRE	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDBERGEN, STEVEN R 2121 NE COACHMAN ROAD	☐ Delete	NAME STREET ADDRESS	D TURNER, MA 2121 NE CO	ACHMAN ROAD	,	hange X Addition	
	CLEARWATER, FL 33765	По		CLEARWATER	, FL 33765			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARDSON, GREGORY W 2121 NE COACHMAN ROAD CLEARWATER, FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	hange 🗌 Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CRY-ST-ZIP			c	hange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			c	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			c	hange 🗌 Addition	
12. Thereby certify hal the information supplied will this fill does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on his report of supplemental poor 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 of the seceiver or frustee empowered of 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 lattachment with an efforcess, with all ther like empowered.								
SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Prope *								
`	SIGNATURE AND TYPED OR P	KINTEU NAMÉ OFSIGNING OFFICER	OR DIRECTOR		Date	Daytime F	none #	