


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90031 031 \*\*\*150.00

<b>DOCUMENT # P98000022972</b>		
1. Entity Name SANDBERGEN INSURANCE, INC.		

Principal Place of Business 2121 NE COACHMAN ROAD CLEARWATER, FL 33765	Mailing Address 2121 NE COACHMAN ROAD CLEARWATER, FL 33765
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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SANDBERGEN, STEVEN R 2121 NE COACHMAN ROAD CLEARWATER, FL 33765			
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7. Name and Address of Now Registered Agent			
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Name			
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Street Address (P.O. Box Number is Not Acceptable)			
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City			
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FL			
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Zip Code			
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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.			
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SIGNATURE _____			
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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DATE			
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9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
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10. OFFICERS AND DIRECTORS			
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NAME	SANDBERGEN, STEVEN R	
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STREET ADDRESS	2121 NE COACHMAN ROAD	
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CITY-ST-ZIP	CLEARWATER, FL 33765	
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NAME	RICHARDSON, GREGORY W	
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CITY-ST-ZIP	CLEARWATER, FL 33765	
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