



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

150

<b>DOCUMENT # P98000024615</b> 1. Entity Name <b>THE RANOW INSURANCE AGENCY, INC.</b>						<b>FILED</b> <b>06 APR 11 AM 8:10</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>736 E EAU GALLIE BLVD</b> <b>INDIAN HARBOUR BEACH, FL 32937 US</b>				Mailing Address <b>P.O. BOX 984.</b> <b>MELBOURNE, FL 32902 US</b>			
2. Principal Place of Business <b>966 S. Wickham Rd</b>		3. Mailing Address Suite, Apt. #, etc. <b># 102</b>					
City & State <b>W. Melbourne FL</b>		City & State <b>W. Melbourne FL</b>		4. FEI Number <b>59-3501848</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32904</b>		Country <b>Brevard</b>		Zip <b>32904</b>		Country <b>Brevard</b>	
6. Name and Address of Current Registered Agent <b>RANOW, BARRY R</b> <b>736 E. EAU GALLIE BLVD</b> <b>INDIAN HARBOR, FL 32937</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>966 S. Wickham Rd # 102</b> City <b>W. Melbourne FL</b> Zip Code <b>32904</b>			
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 <b>Barry R. Ranow</b> DATE <b>4/7/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RANOW, BARRY R</b> <b>736 E EAU GALLIE BLVD.</b> <b>SATELLITE BEACH, FL 32937</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>966 S. Wickham Rd # 102</b> <b>W. Melbourne, FL 32904</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BARRY, RANOW</b> <b>736 E. EAU GALLIE BLVD</b> <b>INDIAN HARBOUR, FL 32937</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>966 S. Wickham Rd # 102</b> <b>W. Melbourne, FL 32904</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>Barry R. Ranow</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/7/06</b> <b>321-591-2258</b> <small>Date Daytime Phone #</small>			