

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024615

FILED
Mar 03, 2007
Secretary of State

Entity Name: THE RANOW INSURANCE AGENCY, INC.

Current Principal Place of Business:

966 S. WICKHAM RD
#102
W. MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 984.
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 59-3501848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANOW, BARRY R
966 S. WICKHAM RD
#102
W. MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RANOW, BARRY R
Address: 966 S. WICKHAM RD #102
City-St-Zip: W. MELBOURNE, FL 32904 US

Title: P () Delete
Name: BARRY, RANOW
Address: 966 S. WICKHAM RD #102
City-St-Zip: W. MELBOURNE, FL 32904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY RANOW

PD

03/03/2007

Electronic Signature of Signing Officer or Director

Date