
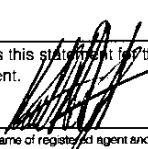
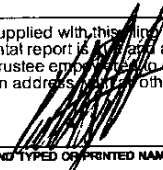


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90180 033 ***150.00

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|---|--|---|---|
| DOCUMENT # P98000038108 | |  | |
| 1. Entity Name FLORIDA DIRECT INSURANCE AGENCY, INC. | | | |
| Principal Place of Business 2191 TAMiami TRAIL UNIT A PORT CHARLOTTE, FL 33948 | | Mailing Address 2191 TAMiami TRAIL UNIT A PORT CHARLOTTE, FL 33948 | |
| 2. Principal Place of Business 2195 TAMiami TRAIL Suite, Apt. #, etc. Ste #A | | 3. Mailing Address 2195 TAMiami TRAIL Suite, Apt. #, etc. Ste #A | |
| City & State Port Charlotte, FL | | City & State Port Charlotte, FL | |
| Zip 33948 | | Country USA | |
| 4. FEI Number 65-0839784 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SEPTER, KURT R 2191 TAMiami TRAIL UNIT A PORT CHARLOTTE, FL 33948 | | 7. Name and Address of New Registered Agent Name SEPTER, KURT R. Street Address (P.O. Box Number is Not Acceptable) 2195 TAMiami TRAIL Unit A Port Charlotte, FL 33948 | |
| 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  | | DATE 4/28/06 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST SEPTER, KURT R 2196 TAMiami TRAIL PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST KURT R. SEPTER 2195 TAMiami TRAIL, Unit A Port Charlotte, FL 33948 <input checked="" 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 |
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| 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, name or other like empowered. | | | |
| SIGNATURE:  | | DATE 4/28/06 Daytime Phone # 941-629-9199 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KURT R. SEPTER, President | | | |