

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000090456 1. Entity Name SELF INSURANCE AGENCY, INC.			
Principal Place of Business 5531 SOUTHWEST 44TH TERRACE FORT LAUDERDALE FL 33314		Mailing Address 5531 SOUTHWEST 44TH TERRACE FORT LAUDERDALE FL 33314	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0872165		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	STDP SELF, JOHN R 5531 SOUTHWEST 44TH TERRACE FORT LAUDERDALE FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>John R. Self</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>John R. Self, President</i>	
Date <i>7-6-07</i>		Daytime Phone <i>954-561-2220</i>	



1st MOORE CR2E034 (10/06)

4. FEI Number **65-0872165** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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FORT LAUDERDALE FL 33314 ☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone