


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90011 004 \*\*\*150.00

<b>DOCUMENT # P98000099870</b> 1. Entity Name <b>STAMPER INSURANCE CONSULTANTS, INC.</b>																													
Principal Place of Business <b>7826 GLEN ECHO RD. NORTH JACKSONVILLE, FL 32211</b>			Mailing Address <b>7826 GLEN ECHO RD. NORTH JACKSONVILLE, FL 32211</b>																										
2. Principal Place of Business <b>2805 Dunn Ave</b> Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Jacksonville, FL</b> Zip <b>32218</b>		3. Mailing Address <b>2805 Dunn Ave</b> Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Jacksonville, FL</b> Zip <b>32218</b>		4. FEI Number <b>59-3544019</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>STAMPER, JAMES R</b> <b>7826 GLEN ECHO RD. NORTH</b> <b>JACKSONVILLE, FL 32211</b>																											
7. Name and Address of New Registered Agent Name <b>James R Stamper</b> Street Address (P.O. Box Number is Not Acceptable) <b>2805 Dunn Ave, Suite 2</b> City <b>Jacksonville</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: <i>James R. Stamper</i> (NOTE: Registered Agent signature required when reinstating)																											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STAMPER, JAMES R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7826 GLEN ECHO RD. NORTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32211</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	STAMPER, JAMES R		STREET ADDRESS	7826 GLEN ECHO RD. NORTH		CITY - ST - ZIP	JACKSONVILLE, FL 32211		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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, with all other like empowered.			SIGNATURE: <i>James R. Stamper</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>James R Stamper</b> <b>President</b> Date: <b>1/31/06</b> Daytime Phone #: <b>904-765-2919</b>																										