

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000014356	
1. Entity Name ANDERSON INSURANCE AGENCY, INC.	

Principal Place of Business 4785 S ORANGE AVE ORLANDO, FL 32806	Mailing Address 4785 S ORANGE AVE ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3556282	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, JOSEPH
4785 S ORANGE AVE
ORLANDO, FL 32806**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOSEPH 4688 GATLIN OAKS LANE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, STEPHANIE 4688 GATLIN OAKS LANE ORLANDO, FL 32806
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03/02/06-00038-011 158.75

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: Stephanie Anderson **Stephanie Anderson** 2/16/06 (407) 826 0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #