

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052959

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: SUREBET INSURANCE AGENCY, INC.

## Current Principal Place of Business:

3602 W. JETTON AVE  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

3602 W. JETTON AVE  
TAMPA, FL 33629

## New Mailing Address:

FEI Number: 59-3574374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELIA, ALBERT III  
3602 W. JETTON AVE  
TAMPA, FL 33629 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: PTD ( ) Delete  
Name: ELIA, ALBERT III  
Address: 3602 W. JETTON AVE  
City-St-Zip: TAMPA, FL 33629

Title: VSD ( ) Delete  
Name: ELIA, MARY ELLEN  
Address: 3602 W. JETTON AVE  
City-St-Zip: TAMPA, FL 33629

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change ( ) Addition  
Name: ELIA, TARA A  
Address: 3602 W. JETTON AVE  
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Change (X) Addition  
Name: ELIA, ALBERT IV  
Address: 3602 W. JETTON AVE  
City-St-Zip: TAMPA, FL 33629

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: ALBERT ELIA, III

P

01/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date