2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100575

Name:

Address:

City-St-Zip:

DENNIS, NEURITZA

2224-A BOCA RANCHO DRIVE

BOCA RATON, FL 33428

Entity Name: APPLE INSURANCE AGENCY, INC

FILED May 05, 2006 Secretary of State

Entity Nam	e: APPLE IN	SURANCE AGENCY, INC.			
Current Pri	ncipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1509 N STATE ROAD 7 G				1861 W OAKLAND PARK BLVD OAKLAND PARK, FL 33311	
MARGATE,	FL 33063		OANLAND PARK, FL	CARLAND FARR, LE 33311	
Current Ma	iling Addres	s:	New Mailing Addres	New Mailing Address:	
1509 N STATE ROAD 7 G				1861 W OAKLAND PARK BLVD OAKLAND PARK, FL 33311	
MARGATE,	FL 33063		OAKLAND I AKK, I L	. 33311	
FEI Number: 6	55-0962114	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and A	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
The above r	TE RD 7 FL 33063 Us named entity s		OAKLAND PARK, FL	DENNIS, CYNTHIA 1861 W OAKLAND PARK BLVD OAKLAND PARK, FL 33311 US of changing its registered office or registered agent, or both,	
in the State		_			
SIGNATURI	E: C DENNIS			05/05/2006	
Election Camp	with s. 607.193	ic Signature of Registered Age (2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.	Date SES TO OFFICERS AND DIRECTORS:	
Address:	P () DENNIS, CYNTH 8598 CHEVY CH BOCA RATON, F	ASE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address:	V () DENNIS, SAND' 8598 CHEVY CH BOCA RATON, F	ASE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CYNTHIA DENNIS PRES 05/05/2006