

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90179 031 ***150.00

DOCUMENT # S33152

1. Entity Name
**CONTINUING EDUCATION INSURANCE SCHOOL OF
FLORIDA, INC.**



Principal Place of Business
**12360 US HWY 19
HUDSON, FL 34667**

Mailing Address
**12360 US HWY 19
HUDSON, FL 34667**

40068770



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3042370

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HULSE, EDWARD J JR.
9850 HILLTOP DRIVE
NEW PORT RICHEY, FL 34654**

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HULSE, EDWARD J JR.**
STREET ADDRESS **9850 HILLTOP DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **D**
NAME **HULSE, EDWARD J JR.**
STREET ADDRESS **9850 HILLTOP DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/17/07 X727-869-
Date Daytime Phone #