

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90074 006 \*\*\*150.00

**DOCUMENT # S55292**

1. Entity Name  
**KEARNS AGENCY OF FLORIDA, INC.**



Principal Place of Business

**2334 NE DIXIE HIGHWAY  
JENSEN BEACH, FL 34957 US**

Mailing Address

**P O BOX 1849  
JENSEN BEACH, FL 34958-1849 US**

**DO NOT WRITE IN THIS SPACE**

02102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0265966**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEARNS, LAWRENCE E  
2467 NE PALMER ST  
C/O BOX 1849  
JENSEN BEACH, FL 34958-1849**

**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 of the person making the filing (registered agent or director)

(If filer is Registered Agent, signature required under oath)

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**

10. OFFICERS AND DIRECTORS

|                |                                |
|----------------|--------------------------------|
| TITLE          | PD                             |
| NAME           | KEARNS, LAWRENCE E.            |
| STREET ADDRESS | 2467 NE PALMER ST C/O BOX 1849 |
| CITY ST ZIP    | JENSEN BEACH, FL 349581849     |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY ST ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY ST ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY ST ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY ST ZIP    |                                |

**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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/16/06*

*772-334-5822*