


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90407 034 ***150.00

DOCUMENT # S57038 1. Entity Name MICHAEL P. FEHILY INSURANCE CONSULTANTS, INC.					
Principal Place of Business 23A WEBB ST. OSPREY, FL 34229 US			Mailing Address 23A WEBB ST. OSPREY, FL 34229 US		
2. Principal Place of Business <i>4213 Bee Ridge Rd</i>		3. Mailing Address <i>4213 Bee Ridge Rd</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 65-0268738	
Zip 34233		Country US		Applied For Not Applicable	
Zip 34233		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEHILY, MICHAEL P PRES 23A WEBB ST. OSPREY, FL 34229				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEHILY, MICHAEL P 23A WEBB ST. OSPREY, FL 34229 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <i>Michael Fehily</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4-20-07 941-302-0153</i> <small>Date Daytime Phone #</small>		