

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S64811	
1. Entity Name SHILBY INSURANCE, INC.	

Principal Place of Business 13400 SUTTON PARK DR SUITE 1603 JACKSONVILLE, FL 32224 US	Mailing Address 13400 SUTTON PARK DR SUITE 1603 JACKSONVILLE, FL 32224 US
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3084036	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHILBY, DAVID
12191 IRWIN MANOR DR.
JACKSONVILLE, FL 32246

**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 _____ DATE _____
Signature, words or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

**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 NAME STREET ADDRESS CITY-ST-ZIP	OP SHILBY, DAVID 13400 SUTTON PARK DR. SUITE 1603 JACKSONVILLE, FL 32224
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01/20/06-80038-004 150.00

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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: David J. Shilby 1-17-06 904-223-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #