2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90059 015 ***150.00

DOCUMENT # V19695

1. Entity Name
AFFILIATED BROKERS CORPORATION II OF FT. PIERCE, FLORIDA

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Principal Place of Business	Mailing Address
946 SEAWAY DRIVE STE A FT. PIERCE, FL 34949 US	946 SEAWAY DRIVE STE A FT. PIERCE, FL 34949 US

01122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 64-0364095 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELAPLAINE, DELANO STR 946 A SEAWAY DR FT PIERCE, FL 34949	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 ____________________
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAPLAINE, DELANO 1923 EUCALYPTUS AVE FORT PIERCE, FL 34949 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Delano Delaplaine DELANO DELAPLAINE 1/22/07 772-465-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40005901

Division of Corporations

www.sunbiz.org

Annual Report

Annual Report Help

Document Number
V19695

Business Entity Name
AFFILIATED BROKERS CORPORATION II OF FT. PIERCE, FLORIDA

FEI Number: 640364095

FEI Number Status: (•) Listed Above ( ) Applied For ( ) Not Applicable

Certificate of Status Desired: ( ) Yes (•) No $8.75 each

Election Campaign Financing Trust Fund Contribution: ( ) Yes (•) No

Principal Place of Business

Address: 946 SEAWAY DRIVE

Suite, Apt. #, etc.: STE A

City, State: FT. PIERCE, FL

Zip Code & Country: 34949 US

Mailing Address

Address: 946 SEAWAY DRIVE

Suite, Apt. #, etc.: STE A

City, State: FT. PIERCE, FL

Zip Code & Country: 34949 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title): DELAPLAINE, DELANO

- OR -

Business to serve as RA:

Address (PO Box is not acceptable): STR 946 A SEAWAY DR

Suite, Apt #, etc:

City, State: FT PIERCE, FL

Zip Code & Country: 34949 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Delano Delaplaine

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title: D

Name (Last, First, Middle, Title):

- OR -

Entity Name to serve as Officer/Director: DELAPLAINE, DELANO

Street Address: 1923 EUCALYPTUS AVE

City, State: FORT PIERCE, FL

Zip Code & Country: 34949

Title:

Name (Last, First, Middle, Title):

- OR -

Entity Name to serve as Officer/Director:

Street Address:

City, State:

Zip Code & Country:

Title:

Name (Last, First, Middle, Title):

- OR -

Entity Name to serve as Officer/Director:

Street Address:

City, State:

Zip Code & Country:

Title:

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title D

Officer/Director Signature Arlene Arleplaine

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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