


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V21494 1. Entity Name DIGIORGIO INSURANCE, INC.	
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Principal Place of Business 7820 N UNIVERSITY DRIVE TAMARAC, FL 33321 US	Mailing Address 7820 N UNIVERSITY DRIVE TAMARAC, FL 33321 US
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DO NOT WRITE IN THIS SPACE



01052006	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0618165	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIGIORGIO, MICHAEL 7820 N UNIVERSITY DRIVE TAMARAC, FL 33321

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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DIGIORGIO, MICHAEL 7114 NW 70 TERRACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DIGIORGIO, MICHAEL 7114 NW 70 TERRACE PARKLAND, FL 33067
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01/11/06-80004-015 150.00

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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: Michael D. Giorgio 1-5-2006 954-721-4959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #