2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 324732

Entity Name: DEMETREE INSURANCE SERVICES, INC.

Current Principal Place of Business:

3740 BEACH BLVD
STE 102
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3740 BEACH BLVD
STE 102
JACKSONVILLE, FL 32207

New Mailing Address:

P O BOX 5788
JACKSONVILLE, FL 32247

FEI Number: 59-1199205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYON, JONATHAN R.
3740 BEACH BLVD.
STE 102
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: BENWICK, BRIAN
Address: 11628 LOIS CROSS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD ( ) Delete
Name: DEMETREE, JACK C,
Address: 3918 ALHAMBRA DRIVE
City-St-Zip: JACKSONVILLE, FL 00000,

Title: PD ( ) Delete
Name: LYON, JONATHAN R.,
Address: 1837 SEA OATS DR.
City-St-Zip: ATLANTIC BEACH, FL

Title: V (X) Delete
Name: PORTER, SHARON D.
Address: 1066 GLEN ECHO DR.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: BENWICK, BRIAN S
Address: 11628 LOIS CROSS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: STD (X) Change ( ) Addition
Name: DEMETREE, JACK C
Address: 3918 ALHAMBRA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PD (X) Change ( ) Addition
Name: LYON, JONATHAN R
Address: 1837 SEA OATS DR.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANTHAN R. LYON PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date