


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F85922

1. Entity Name
MIKE ELLIOTT INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
401 LAKE HOWELL ROAD **401 LAKE HOWELL ROAD**
MAITLAND FL 32751-5906 **MAITLAND FL 32751-5906**



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

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For
59-2192004 Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIOTT, MICHAEL L
401 LAKE HOWELL ROAD
MAITLAND FL 32751

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 _____ DATE _____

SIGNATURE, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent's name is required when registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ELLIOTT, MICHAEL L	
STREET ADDRESS	401 LAKE HOWELL ROAD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ELLIOTT, JOAN K.	
STREET ADDRESS	401 LAKE HOWELL ROAD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLIOTT, TODD L.	
STREET ADDRESS	401 LAKE HOWELL ROAD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLIOTT, MICHELLE L	
STREET ADDRESS	401 LAKE HOWELL RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000815585
 02/14/08 00015 007 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 L Elliott*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08 407-671-1100