## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



DOCUMENT # P01000038910  1. Entity Name A BIT ABOVE INSURANCE AGENCY, INC.							0242 011 ***15	
Principal Place	e of Business	Mailing Address		l		6 " " "		
7628-19 103	3RD STREET	7628-19 103RD STRE	7628-19 103RD STREET			•		
JACKSONVILL	.E, FL 32210 US	JACKSONVILLE, FL 32	JACKSONVILLE, FL 32210 US			•		
						<b>88181</b> (1881 883) <b>88</b> 3) <b>83</b> 1)	<b>: 2010 )</b>	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·		01152008	Chg-P	CR2E034 (12/06	i)
City & State	е	City & State			4. FEI Number         Applied For           59-3721651         Not Applicable			
Zip	Country	Zip	Count			of Status Desired	□ \$8.75 A Fee Requi	
	6. Name and Address of Current	NI	7. Name and	Address of New R	egistered Agent			
GEORGES	SCU, GEORGINA		Name					
7628-19 10	O3RD STREET		Street Add		s (P.O. Box Number is Not Acceptable)			
JACKSON'	VILLE FL 32210							
	Contract of the Contract of th						T == -	
	MAN TO THE PARTY OF THE PARTY O		City				FL Zip Co	ode
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 reinstalling)  DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				, , , , , , , , , , , , , , , , , , , ,	.00 May Be ed to Fees			
10.	OFFICERS AND DIRECTORS 11			,	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE			TITLE				☐ Change	Addition
NAME STREET ADDRESS	GEORGESCU, GEORGINA 7628 103RD STREET STE. #19		NAM STRE	E ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32210			- ST - ZIP				
TITLE		☐ Delete	TITLE				Change	Addition
NAME.			NAM	E				_
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			-	-ST-ZIP			<u> </u>	
TITLE NAME	_ ~	☐ Delete	NAM				☐ Stronds	Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP	· <del></del>	<u> </u>		
TITLE		☐ Delete	TITLE				☐ Change	e 🔲 Addition
NAME Street Address			MAN STRE	E ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME		— <del></del>	MAM				,	
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP				- ST - ZIP	<del></del>		☐ Change	Addition
TITLE NAME		☐ Delete	TITLI NAM				□ clange	e
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
12. I hereby of	certify that the information supplied wit	h this filing does not qualify to	the exe	emptions contained	f in Chapter 11	9, Florida Statutes. I	further certify that the	e information er or director
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.								