
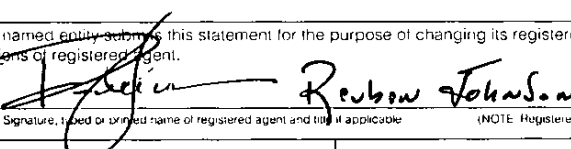
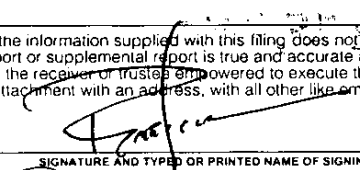


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90042 026 \*\*\*150.00

<b>DOCUMENT # P02000133299</b> 1. Entity Name <b>CENTRAL INSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>2355 RIDGEWOOD AV</b> <b>SUITE C</b> <b>SOUTH DAYTONA, FL 32119 US</b>			Mailing Address <b>P.O. BOX 214318</b> <b>SOUTH DAYTONA, FL 32121 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>SUITE A</b>		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-2088109</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, REUBEN H JR</b> <b>2355 RIDGEWOOD AV</b> <b>SUITE C</b> <b>SOUTH DAYTONA, FL 32119</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>SUITE A</b> City <b>FL</b> 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  <b>Reuben Johnson</b> DATE <b>1-4-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JOHNSON, REUBEN H JR</b> <b>2355 C. RIDGEWOOD AV</b> <b>SOUTH DAYTONA, FL 32119</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2355 A. RIDGEWOOD AV</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JOHNSON, JUDY A</b> <b>4316 HALIFAX DR</b> <b>PORT ORANGE, FL 32127</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC <b>JOHNSON, JULIE A</b> <b>109 DUNLAWTON AV</b> <b>DAYTONA BEACH SHORES, FL 32127</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>45 GOLDEN GATE CIRCLE</b> <b>PORT ORANGE FL 32127</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			<b>1-4-2008 386-7887200</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					