

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062893

FILED
Feb 04, 2008
Secretary of State

Entity Name: MATRIX INSURANCE AGENCY, INC.

Current Principal Place of Business:

9016 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9016 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 13-4299402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINCKET, BRIAN
9016 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256 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: P () Delete
Name: SPADAFORA, JEFFREY
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: PEREZ, RALPH
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: PEREZ, WILLIAM
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Delete
Name: PEREZ, WILLIAM
Address: 9016 PHILLIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VALKO, JOHN T
Address: 9016 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVPS (X) Change () Addition
Name: SPADAFORA, JEFFREY L
Address: 9016 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVPT (X) Change () Addition
Name: PEREZ, WILLIAM L
Address: 9016 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

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: JEFFREY L. SPADAFORA

VP

02/04/2008

Electronic Signature of Signing Officer or Director

_____ Date