

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050149

**FILED**  
**Jan 03, 2008**  
**Secretary of State**

**Entity Name:** MITCH GREEN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2 AZALEA DR  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

2 AZALEA DR  
DEBARY, FL 32713

**New Mailing Address:**

**FEI Number:** 59-3391748      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FERNANDEZ, LAUREN PA  
1380 NW 16TH STREET  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

FERNANDEZ, LAUREN PA  
1540 NW 15TH STREET RD  
MIAMI, FL 331252412 US

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

01/03/2008

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GREEN, MITCHELL A  
Address: 2 AZALEA DR  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MITCHELL GREEN

Electronic Signature of Signing Officer or Director

PRES

01/03/2008

Date