

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029263

Entity Name: W.J. BOVA INSURANCE, INC.

FILED
Feb 19, 2008
Secretary of State

Current Principal Place of Business:

9561 TAVERNIER DRIVE
BOCA RATON, FL 33496

New Principal Place of Business:

1690 RENAISSANCE COMMONS BLVD
#1611
BOYNTON BEACH, FL 33426

Current Mailing Address:

9561 TAVERNIER DRIVE
BOCA RATON, FL 33496

New Mailing Address:

1690 RENAISSANCE COMMONS BLVD
1611
BOYNTON BEACH, FL 33426

FEI Number: 65-0742530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOVA, W J
9561 TAVERNIER DRIVE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

BOVA, W J
1690 RENAISSANCE COMMONS BLVD
#1611
BOYNTON BEACH, FL 33426 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:

02/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOVA, W J
Address: 9561 TAVERNIER DRIVE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOVA, W J
Address: 1690 RENAISSANCE COMMONS BLVD #1611
City-St-Zip: BOYNTON BEACH, FL 33426

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: WILLIAM J. BOVA

PRES

02/19/2008

Electronic Signature of Signing Officer or Director

Date