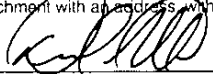


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90031 042 ***150.00

DOCUMENT # P99000049941 1. Entity Name A PROFESSIONAL INSURANCE AGENCY OF BREVARD, INC.					
Principal Place of Business 5005 N WICKHAM RD MELBOURNE, FL 32940			Mailing Address 5005 N WICKHAM RD MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box # 1800 W. Hibiscus Blvd. #131			3. Mailing Address 1800 W. Hibiscus Blvd.		
Suite, Apt. #, etc. Suite 131			Suite, Apt. #, etc. Suite 131		
City & State Melbourne FL			City & State Melbourne FL		
Zip FL			Zip FL		
Country US			Country US		
6. Name and Address of Current Registered Agent FRESE, GARY B 930 SOUTH HARBOR CITY BLVD., STE. 505 MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P J. WAYNE EDENS 3535 PALMER DRIVE TITUSVILLE, FL 32780	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEELE, SCOTT 460 BAHAMA DRIVE INDIALANTIC, FL 32903	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALLAIRE, DAVID 4960 PIGEON PLUM CIRCLE MELBOURNE, FL 32940	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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:  David Allaire SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date: 1/31/08 Date		
			Daytime Phone #: 321.757.1677 Daytime Phone #		

40016432



01152008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3576889

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL