


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # 244271 1. Entity Name CRESTVIEW INSURANCE AGENCY INC	
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Principal Place of Business 301 N FERDON BLVD CRESTVIEW, FL 32536 US	Mailing Address P.O. BOX 1328 CRESTVIEW, FL 32536-1328 US
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0917752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PARKER, JERRY L
301 N. FERDON BLVD
CRESTVIEW, FL 32536**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, JERRY L 301 N. FERDON BLVD CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, FRANCIS F. 301 N. FERDON BLVD CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, PATRICIA E 301 N. FERDON BLVD CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, PATRICIA E. 301 N. FERDON BLVD CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/07-80073-017 150.00

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IN THIS SPACE**

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 duly empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jerry L. Parker, Sr., President

Date **April 23, 2007** Telephone **850 682 2519**