## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 295480** 

City-St-Zip:

Entity Name: TEQUESTA AGENCY INC

FILED Feb 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 218 S US HWY ONE STE 300 TEQUESTA, FL 334693098 US **New Mailing Address: Current Mailing Address:** 218 S US HWY ONE STE 300 TEQUESTA, FL 334693098 US FEI Number: 59-1112689 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KASTEN, MARK J 218 S US HWY ONE STE 300 TEQUESTA, FL 33469 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MARTYN, III, CHARLES P MARTYN, III, CHARLES P Name: Name: 5332 PENNOCK POINT ROAD 5332 PENNOCK POINT ROAD Address: Address: City-St-Zip: JUPITER FL City-St-Zip: JUPITER, FL 33458 Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition Name: KASTEN, MARK J Name: KASTEN, MARK J. 10460 SE SILVER PALM WAY 10460 SE SILVER PALM WAY Address: Address: TEQUESTA, FL 33469 City-St-Zip: TEQUESTA, FL City-St-Zip: ( ) Delete Title: Title: () Change () Addition HUTCHINSON, TODD P Name: Name: 211 COLONY ROAD Address: Address: City-St-Zip: JUPITER, FL 33469 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition SULLIVAN, PATRICIA W Name: Name: Address: 653 CASTLE DRIVE Address:

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.

City-St-Zip:

SIGNATURE: MARK J. KASTEN VP 02/21/2008

PALM BEACH GARDENS, FL 33410