

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 324732

1. Entity Name
DEMETREE INSURANCE SERVICES, INC.



Principal Place of Business
**3740 BEACH BLVD
STE 102
JACKSONVILLE, FL 32207**

Mailing Address
**3740 BEACH BLVD
STE 102
JACKSONVILLE, FL 32207**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1199205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LYON, JONATHAN R.
3740 BEACH BLVD.
STE 102
JACKSONVILLE, FL 32207**

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1000000403306
02/06/06-80001-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BENWICK, BRIAN
11628 LOIS CROSS DRIVE
JACKSONVILLE, FL 32258**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
DEMETREE, JACK C
3918 ALHAMBRA DRIVE
JACKSONVILLE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LYON, JONATHAN R.
1837 SEA OATS DR.
ATLANTIC BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
PORTER, SHARON D.
1066 GLEN ECHO DR.
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 like empowered.

SIGNATURE:

J R Lyon PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

Date

904-398-5656

Daytime Phone #

Jonathan R Lyon