

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 443817

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** KING INSURANCE AGENCY OF GAINESVILLE, INC.

**Current Principal Place of Business:**

2321 NW 41ST STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2321 NW 41ST STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-1521941      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, MALCOLM C  
2488 NW 28TH ST  
GAINESVILLE, FL 32605      US

**Name and Address of New Registered Agent:**

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:**

Title: P      ( ) Delete  
Name: KING, MALCOLM CHARLES,  
Address: 2488 NW 28TH ST  
City-St-Zip: GAINESVILLE, FL 326053746

Title: ST      ( ) Delete  
Name: KING, SUSAN INEZ,  
Address: 2488 NW 28TH ST  
City-St-Zip: GAINESVILLE, FL 326053746

Title: VP      ( ) Delete  
Name: WHIDDON, DANILE L  
Address: 5356 NW 9TH LANE  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MALCOLM C. KING

PRES

01/04/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date