

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524269

FILED
Feb 19, 2008
Secretary of State

Entity Name: HERBIE WILES INSURANCE, INC.

Current Principal Place of Business:

400 N PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 3067
ST. AUGUSTINE, FL 320853067 US

New Mailing Address:

400 N PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 US

FEI Number: 59-1707408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILES, DOUGLASS F PRES
400 N PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 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: CEO () Delete
Name: WILES, HERBERT L
Address: 63 BAYVIEW DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: PS () Delete
Name: WILES, DOUGLASS F
Address: 405 NIGHTHAWK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: HOWELL, JR. W
Address: 3200 CROSS CREEK PLACE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: HOWELL, WAYNE E JR
Address: 3200 CROSS CREEK PLACE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: DOUGLASS F WILES

PRED

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date