2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 11, 2008 08:00 AM **DOCUMENT** # 531614 1. Entity Name **Secretary of State** JERRY E. ROBINSON INSURANCE, INC. Principal Place of Business Mailing Address 801 FORTUNE AVE. 801 FORTUNE AVE. PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1753897 Not Applicable Zip Country Zρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODING, TERESA R 507 EAST 3RD STREET Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 City Zip Code 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 chicred learne of registered length and the first plicable /NOTE: Pegistriled Agent a ginature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVD TITLE Delete TITLE Hannangerga 🗆 Change ROBINSON, JERRY NAME NAME 02/20/08-80015-012 150.00 STREET ADDRESS 801 FORTUNE STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Darete TITLE ☐ Change Addition NAME ROBINSON, DIAN NAME STREET ADDRESS 947 AGNES SCOTT CIR. STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY - ST - ZIP HILE ☐ Deiete TITLE Change Addition NAME GOODING, TERESA R NAME STREET ADDRESS 507 EAST 3RD STREET STREET ADDRESS CITY-ST-7IP PANAMA CITY FL 32401 CITY-ST-ZIP HILLE Defete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change ■ Addition NESSE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-S1-ZIP TITLE De:ete TITLE ☐ Charige Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY - ST - Z)P 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 in 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 tike empowered.