2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 558598

1. Entity Name
WAYNE PATTON AGENCY, INC.

Principal Place of Business	Mailing Address
96 MIRACLE STRIP PKWY, SE FT. WALTON BEACH, FL 32548-5851 US	96 MIRACLE STRIP PKWY, SE FT. WALTON BEACH, FL 32548-5851 US

DO NOT WRITE IN THIS SPACE

04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1793664
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INGRAM, DONALD
96 MIRACLE STRIP PKWY SE
FORT WALTON BEACH, FL 32548

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000904451
05/01/08-80012-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	INGRAM, DONALD
STREET ADDRESS	110 NEBRASKA DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	VP
NAME	GLOVER, GLENDA
STREET ADDRESS	115 WAYNELL CIR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	S
NAME	DILLMAN, REBECCA J
STREET ADDRESS	13 PRYOR ROAD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ DON INGRAM 4/15/08 (850)244-5143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #