

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 575086

Entity Name: P.J.K. INSURANCE, INC.

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

2500 N POWERLINE ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2500 N POWERLINE ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-1861410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, KATHLEEN
2500 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069 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: JACKSON, KATHLEE KAN, E
Address: 2500 N POWERLINE RD #7
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: VOLLMAN, JENNIFER
Address: 2500 N POWERLINE RD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACKSON, KATHLEEN KA, NE
Address: 2500 N POWERLINE RD #7
City-St-Zip: POMPANO BEACH, FL 33069

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: JENNIFER VOLLMAN

SEC

04/09/2008

Electronic Signature of Signing Officer or Director

_____ Date