

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 581296

FILED
Jan 04, 2008
Secretary of State

Entity Name: BOB GRICE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1201 19TH PLACE - SUITE A210
P O BOX 850
VERO BEACH, FL 329617850

New Principal Place of Business:

1201 19TH PLACE - SUITE A210
VERO BEACH, FL 32960

Current Mailing Address:

1201 19TH PLACE - SUITE A210
P O BOX 850
VERO BEACH, FL 329617850

New Mailing Address:

125 MCKEE LANE
VERO BEACH, FL 32960

FEI Number: 59-1837476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCK, SAMUEL A.
21 ROYAL PALM POINTE
VERO BEACH, FL 32960 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: GRICE, ROBERT A.,
Address: 1201 19TH PLACE - SUITE A210
City-St-Zip: VERO BEACH, FL

Title: VST () Delete
Name: GRICE, MELVENA M.,
Address: 1201 19TH PLACE - SUITE A210
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRICE, ROBERT A.,
Address: 1201 19TH PLACE - SUITE A210
City-St-Zip: VERO BEACH, FL 32960

Title: VST (X) Change () Addition
Name: GRICE, MELVENA M.,
Address: 1201 19TH PLACE - SUITE A210
City-St-Zip: VERO BEACH, FL 32960

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: ROBERT A GRICE

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date