


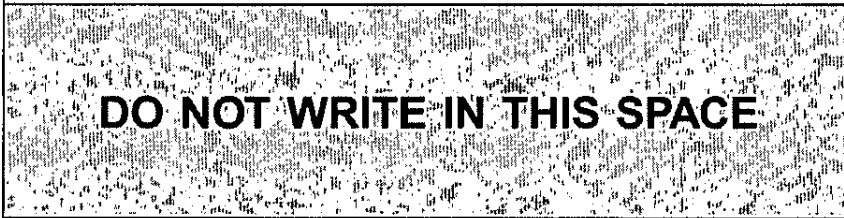

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 611219
 1. Entity Name
CLOSSON INSURANCE AGENCY, INC.



Principal Place of Business 221 NE IVANHOE BLVD SUITE 300 ORLANDO, FL 32804-6488 US	Mailing Address P.O. BOX 547275 SUITE 300 ORLANDO, FL 32854 US
----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

01122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1892513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLOSSON, RODNEY
 221 N IVANHOE BLVD.
 ORLANDO, FL 32804



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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLOSSON, RODNEY E. 221 NE IVANHOE BLVD, SUITE 300 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CLOSSON, NANCY R 221 NE IVANHOE BLVD, SUITE 300 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	



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 officers empowered.

SIGNATURE: *Rodney E. Closson* **1/25/08** **407-898-2211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #