

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002782

Entity Name: CAREER GENERAL AGENCY, INCORPORATED

FILED  
Jan 17, 2008  
Secretary of State

**Current Principal Place of Business:**

1111 ASHWORTH RD  
WEST DES MOINES, IA 50265

**New Principal Place of Business:****Current Mailing Address:**

1111 ASHWORTH RD  
WEST DES MOINES, IA 50265

**New Mailing Address:**

FEI Number: 42-1065839      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHEY, MIKE  
RICHEY INSURANCE AGENCY  
270 WAYMONT CT., UNIT #100  
LAKE MARY, FL 32746 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: BECKSTROM, JANICE  
Address: 1111 ASHWORTH RD  
City-St-Zip: WEST DES MOINES, IA 50265

Title: D ( ) Delete  
Name: CRANE, ROBERT  
Address: 1111 ASHWORTH RD  
City-St-Zip: WEST DES MOINES, IA 50265

Title: S ( ) Delete  
Name: FARR, THOMAS  
Address: 1111 ASHWORTH RD  
City-St-Zip: WEST DES MOINES, IA 50265

Title: T ( ) Delete  
Name: JOOS, MARK  
Address: 1111 ASHWORTH RD  
City-St-Zip: WEST DES MOINES, IA 50265

Title: AVP ( ) Delete  
Name: JAMES, MARQ  
Address: 1111 ASHWORTH ROAD  
City-St-Zip: WEST DES MOINES, IA 50265

Title: C ( ) Delete  
Name: WALLACE, JAMES  
Address: 1111 ASHWORTH ROAD  
City-St-Zip: WEST DES MOINES, IA 50265

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROBERTS, JOHN C  
Address: 1111 ASHWORTH RD  
City-St-Zip: WEST DES MOINES, IA 50265

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS C FARR

S

01/17/2008

Electronic Signature of Signing Officer or Director

Date