2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# G60552

Entity Name: HARRELL AND ASSOCIATES INSURANCE AGENCY INC.

Current Principal Place of Business:

14181 BEACH BLVD.
SUITE 5
JACKSONVILLE, FL 32250 US

New Principal Place of Business:

234 SPORTSMAN DRIVE
WELAKA, FL 32193 US

Current Mailing Address:

14181 BEACH BLVD
SUITE 5
JACKSONVILLE, FL 32250 US

New Mailing Address:

P. O. BOX 1021
WELAKA, FL 32193 US

FEI Number: 59-2329691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, T. CARL
14181 BEACH BLVD.
SUITE 5
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

HARRELL, T. CARL
234 SPORTSMAN DRIVE
WELAKA, FL 32193 US

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: 02/12/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARRELL, THOMAS C
Address: P. O. BOX 1021
City-St-Zip: WELAKA, FL 32193

Title: VP ( ) Delete
Name: HARRELL, JOAN R.,
Address: P. O. BOX 1021
City-St-Zip: WELAKA, FL 32193

Title: T ( ) Delete
Name: HARRELL, RANDALL D.,
Address: 116 TRAIL RIDGE DR.
City-St-Zip: HENDERSON, TN 37075

Title: S ( ) Delete
Name: OSHMAN, LISA L
Address: 1168 RAVENSCROFT LANE
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: T. CARL HARRELL PD 02/12/2008
Electronic Signature of Signing Officer or Director — Date