

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66465

FILED
Jan 21, 2008
Secretary of State

Entity Name: PARK AVENUE INSURANCE AGENCY INCORORATED

Current Principal Place of Business:

2723 SOUTH WESTERMORELAND DRIVE
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

2723 SOUTH WESTERMORELAND DRIVE
ORLANDO, FL 32805 US

New Mailing Address:

FEI Number: 59-2343384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, BRAD
2723 SOUTH WESTMORELAND DRIVE
ORLANDO, FL 32805 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: THOMPSON, BRAD
Address: 2723 SOUTH WESTMORELAND DRIVE
City-St-Zip: ORLANDO, FL

Title: VP () Delete
Name: THOMPSON, SHEILA
Address: 2723 SOUTH WESTMORELAND DRIVE
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: DICKERSON, ALYSIA
Address: 6710 DANCY COURT
City-St-Zip: ORLANDO, FL 32819

Title: V () Delete
Name: THOMPSON, DERRICK
Address: 2723 SOUTH WESTERMORELAND DRIVE
City-St-Zip: ORLANDO, FL 32805 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: V () Change (X) Addition
Name: CHESANEK, ANGELA
Address: 2723 S. WESTMORELAND DRIVE
City-St-Zip: ORLANDO, FL 32805

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: BRADLEY THOMPSON

P

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date