

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H02132

Entity Name: THE FESSLER AGENCY, INC.

**FILED**  
**Dec 10, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

3165 MCMULLEN BOOTH RD  
CLEARWATER, FL 337612320 US

## **Current Mailing Address:**

3165 MCMULLEN BOOTH RD  
CLEARWATER, FL 33761020 US

## **New Principal Place of Business:**

3165 MCMULLEN BOOTH RD  
G-2  
CLEARWATER, FL 337612320 US

## **New Mailing Address:**

3165 MCMULLEN BOOTH RD  
G-2  
CLEARWATER, FL 33761020 US

FEI Number: 59-2404550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FESSLER, JACK  
3165 MC MULLEN BOOTH ROAD  
CLEARWATER, FL 337612032 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

## **OFFICERS AND DIRECTORS:**

Title: PVT ( ) Delete  
Name: FESSLER, JACK,  
Address: 855 PINE LAKE DR  
City-St-Zip: TARPON SPGS, FL 34689

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

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

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

Title: P (X) Change ( ) Addition  
Name: FESSLER, JACK,  
Address: 855 PINE LAKE DR  
City-St-Zip: TARPON SPGS, FL 34689

Title: V ( ) Change (X) Addition  
Name: FESSLER, CASE J  
Address: 2594 NORTHFIELD DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: S/T ( ) Change (X) Addition  
Name: SCARFONE, KAREN L  
Address: 18535 BURRELL ROAD  
City-St-Zip: ODESSA, FL 33556 US

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: KAREN SCARFONE

S/T

12/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date