2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2007
Secretary of State

DOCUMENT# H02208

Entity Name: P R INSURANCE AGENCY, INC.

Current Principal Place of Business:

1368 SOUTH MILITARY TRAIL
SUITE L
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

1368 SOUTH MILITARY TRAIL
SUITE L
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 59-2423518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, WILLIAM
1368 S MILITARY TRAIL
SUITE L
WEST PALM BEACH, FL 33415 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: P R INSURANCE AGENCY, , INC.
Address: 1368 S MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPS ( ) Delete
Name: JACKSON, JOANNE,
Address: 6022 CLIFTON AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: DT ( ) Delete
Name: LUCAS, SHELIA M
Address: 3946 PARK LANE
City-St-Zip: WEST PALM BEACH, FL 33406

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:

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: WILLIAM JACKSON PD 07/08/2007

Electronic Signature of Signing Officer or Director — Date