

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14808

FILED
Mar 31, 2008
Secretary of State

Entity Name: FETTROW INSURANCE, INC.

Current Principal Place of Business:

9774 GLADES RD A-7
BOCA RATON, FL 33434

New Principal Place of Business:

10113 SPYGLASS LN
PORT ST LUCIE, FL 34986

Current Mailing Address:

9774 GLADES RD A-7
BOCA RATON, FL 33434

New Mailing Address:

10113 SPYGLASS LN
PORT ST LUCIE, FL 34986

FEI Number: 59-2425095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FETTROW, LYNN
9774 GLADES RD A-7
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

FETTROW, LYNN
10113 SPYGLASS LN
PORT ST LUCIE, FL 34986 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:

03/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FETTROW, LYNN W.,
Address: 9774 GLADES RD A7
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FETTROW, LYNN W.,
Address: 10113 SPYGLASS LN
City-St-Zip: PORT ST LUCIE, FL 34986

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: LYNN FETTROW

PRES

03/31/2008

Electronic Signature of Signing Officer or Director

Date