2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23352

Name:

Address:

City-St-Zip:

IRISH, TIM T.,

3342 KORI ROAD

JACKSONVILLE, FL

FILED Jan 15, 2008 Secretary of State

Entity Nan	1e: J.P. PE	RRY INSURANCE, INC.			
Current Principal Place of Business:			New Principal I	New Principal Place of Business:	
J. P. PERR 3342 KORI JACKSON		2257			
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
J. P. PERR 3342 KORI JACKSON		2257			
FEI Number:	59-2453385	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
WALKER, JAMES V. 217 PONTE VEDRA PARK DRIVE SUITE 200 PONTE VEDRA BEACH, FL 32082 US			PERRY, JOSEP 3342 KORI ROA JACKSONVILLE	D	
The above in the State		y submits this statement for the pu	rpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE: JOSEPH P PERRY III				01/15/2008	
Electronic Signature of Registered Agent			t	Date	
Election Carr	paign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C PERRY, J. P. 3342 KORI R JACKSONVIL	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (PERRY, JOS 3342 KORI R JACKSONVIL	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH P PERRY III PRES 01/15/2008