

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H23352

FILED
Feb 19, 2010
Secretary of State

Entity Name: J.P. PERRY INSURANCE, INC.

Current Principal Place of Business:

J. P. PERRY, JR.
3342 KORI ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

J. P. PERRY, JR.
3342 KORI ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-2453385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, JOSEPH P III
3342 KORI ROAD
JACKSONVILLE, FL 32257 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: C
Name: PERRY, J. P. JR.
Address: 3342 KORI ROAD
City-St-Zip: JACKSONVILLE, FL

Title: P
Name: PERRY, JOSEPH P. III
Address: 3342 KORI ROAD
City-St-Zip: JACKSONVILLE, FL

Title: V
Name: IRISH, TIM T.
Address: 3342 KORI ROAD
City-St-Zip: JACKSONVILLE, FL

Title: S
Name: PERRY, JANET J
Address: 3342 KORI RD
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH P PERRY, III

P

02/19/2010

Electronic Signature of Signing Officer or Director

Date