

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K12130

Entity Name: JESKE INSURANCE AGENCY, INC.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

4227 SE QUINTON ST
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 347
PT SALERNO, FL 344920347 US

New Mailing Address:

FEI Number: 59-2866539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JESKE, BRADLEY
4227 SE QUINTON ST
STUART, FL 34997 US

Name and Address of New Registered Agent:

JESKE, BRADLEY J
4227 SE QUINTON ST
STUART, FL 34997 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: BRADLEY JESKE

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: JESKE, BRADLEY,
Address: 4227 SE QUINTON ST
City-St-Zip: STUART, FL

Title: M (X) Delete
Name: JESKE, BRADLEY,
Address: 4227 SE QUINTON ST
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: JESKE, BRADLEY J
Address: 4227 SE QUINTON ST
City-St-Zip: STUART, FL 34997 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRADLEY JESKE

PTS

04/10/2006

Electronic Signature of Signing Officer or Director

Date