

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K22476

1. Entity Name  
BILL ARRINGTON INSURANCE, INC.



**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
12947 WALSINGHAM RD  
# 304  
LARGO, FL 33774 US

Mailing Address  
12947 WALSINGHAM RD  
# 304  
LARGO, FL 33774 US



07122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2885600

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

POHLMAN, MARK S  
801 WEST BAY DR #515  
LARGO, FL 33770

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ARRINGTON, BILL
STREET ADDRESS	8825 LAUREL DR
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	P
NAME	ARRINGTON, BILL
STREET ADDRESS	13540 A WALSINGHAM RD.
CITY-ST-ZIP	LARGO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955162  
07/16/08-80004-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08

Date

727-421-2822

Daytime Phone #