


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90021 028 \*\*\*150.00

<b>DOCUMENT # L30105</b> 1. Entity Name ROBERT J. KALEITA INSURANCE AGENCY, INC.					
Principal Place of Business 12230 FURREST HILL BLVD SUITE 110 FF WELLINGTON, FL 33414 US			Mailing Address 12230 FURREST HILL BLVD SUITE 110 FF WELLINGTON, FL 33414 US		
2. Principal Place of Business - No P.O. Box # 12230 Forest Hill Blvd		3. Mailing Address 12230 Forest Hill Blvd			
Suite, Apt. #, etc. Suite 110 FF		Suite, Apt. #, etc. Suite 110 FF			
City & State Wellington FL		City & State Wellington FL			
Zip 33414		Country Palm Beach		Zip 33414	
Country Palm Beach		Country Palm Beach			
6. Name and Address of Current Registered Agent  KALEITA, ROBERT J. <del>1786 WISTERIA STREET</del> WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name: Kaleita, Robert J. Street Address (P.O. Box Number is Not Acceptable): 1014 Aviary Road City: Wellington FL Zip Code: 33414		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida, am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> Robert J. Kaleita, Pres. 2/19/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KALEITA, ROBERT J. 1786 WISTERIA STREET WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kaleita Robert J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1014 Aviary Road Wellington FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Robert J. Kaleita, Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/19/08 561-687-3761 <small>Date Phone #</small>		

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02192008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0155645 Applied For Not Applicable

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