

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L35995**  
1. Entity Name  
JOE MITOCK INSURANCE, INC.



Principal Place of Business  
C/O JOSEPH J. MITOCK, JR.  
4061 36TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

Mailing Address  
C/O JOSEPH J. MITOCK, JR.  
4061 36TH AVENUE NORTH  
ST. PETERSBURG, FL 33713



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2980362

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
MITOCK, JOSEPH J., JR.  
4061 36TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000781247  
01/15/08-80026-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITOCK, JOSEPH J. JR. 4061 36TH AVE N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITOCK, VICTORIA J 4061 36TH AVE N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Joseph J. Mitock, Jr.* **JOSEPH J. MITOCK, JR.** **PRESIDENT** **1-8-08** **727-525-4191**  
Date Daytime Phone #