

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**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

U000000781247  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

1-8-08 727-525-4191