2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L85706

1. Entity Name
BILL STANLEY INSURANCE, INC.

Principal Place of Business	Mailing Address
630 NE SANTA FE BLVD	P O BOX 367
HIGH SPRINGS, FL 32643 US	HIGH SPRINGS, FL 32655 US

DO NOT WRITE IN THIS SPACE

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01092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3041827	Not Applicable

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

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6. Name and Address of Current Registered Agent

SWILLEY, DAVID R
2273 NW 16TH TERR
GAINESVILLE, FL 32605

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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 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	VST
NAME	JENKINS, STEVEN R
STREET ADDRESS	2820 SW 82TH LANE
CITY-ST-ZIP	TRENTON, FL 32693

TITLE	P
NAME	SWILLEY, DAVID R
STREET ADDRESS	2273 NW 16TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	
NAME	
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CITY-ST-ZIP	

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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: _Steve Jenkins_ Vice-Pres Steve Jenkins 4/3/08   386-454-1642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #