


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L97354		
1. Entity Name ARMSTRONG AND BOSH INSURANCE AGENCY INC.		
Principal Place of Business 5454 NORMANDY BLVD JACKSONVILLE, FL 32205 US		Mailing Address 5454 NORMANDY BLVD. JACKSONVILLE, FL 32205 US
DO NOT WRITE IN THIS SPACE		
		01252007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3034798		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BOSH, STEVEN E 5454 NORMANDY BLVD JACKSONVILLE, FL 32205		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	1VP	
NAME	BOSH, CECILE JOAN	
STREET ADDRESS	2579 PARRISH CEMETARY RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	P	
NAME	BOSH, STEVEN E	
STREET ADDRESS	2579 PARRIH CEMETARY RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	2VP	
NAME	BURGSTINER, OPAL	
STREET ADDRESS	8514 MANNING CEMETARY RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32234	
TITLE	S	
NAME	COCCO, ROBBIE L	
STREET ADDRESS	10653 GRAYSON COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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>Steven Earl Bosh</i> STEVEN EARL BOSH		1/29/2007 904-783-3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #