


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 25, 2008 8:00 am**  
**Secretary of State**

06-25-2008 90009 003 \*\*\*\*61.25

**DOCUMENT # N94000006171**

1. Entity Name  
**INSURANCE PROFESSIONALS OF ST. PETERSBURG, INC.**



Principal Place of Business  
**1159 QUEEN ST  
 CLEARWATER, FL 33756**

Mailing Address  
**P.O. BOX 60442  
 ST PETERSBURG, FL 33784-0442**

**40109098**



2. Principal Place of Business - No P.O. Box #  
**11101 Roosevelt Blvd, North**

3. Mailing Address  
**P.O. Box 33012**

Suite, Apt. #, etc.

04302008 Chg-NP CR2E037 (12/06)

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

Zip  
**33716**

Country  
**USA**

Zip  
**33733**

Country  
**USA**

4. FEI Number  
**59-6152191**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUGAN, LEANN  
 C/O INS. RESOURCES LLC  
 6620 1ST AVE S  
 ST PETERSBURG, FL 33707**

7. Name and Address of New Registered Agent

Name  
**Sharon Christensen**

Street Address (P.O. Box Number is Not Acceptable)  
**11101 Roosevelt Blvd, North**

City  
**St. Petersburg**

FL

Zip Code  
**33716**

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 *Sharon Christensen* DATE **6/21/08**

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

**Filing Fee is \$61.25 Due by May 1, 2008**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete NAME TOURANGEAU, MONA STREET ADDRESS 1159 QUEEN ST. CITY-ST-ZIP CLEARWATER, FL 33756
TITLE T	<input checked="" type="checkbox"/> Delete NAME DUGAN, LEEANN STREET ADDRESS 6620 1ST AVE S CITY-ST-ZIP ST PETERSBURG, FL 33707
TITLE V	<input type="checkbox"/> Delete NAME RIO, SHARON STREET ADDRESS P.O. BOX 60442 CITY-ST-ZIP ST. PETERSBURG, FL 33784
TITLE D	<input type="checkbox"/> Delete NAME SANDERS, TERRI STREET ADDRESS 15950 BAY VISTA DR STE 250 CITY-ST-ZIP CLEARWATER, FL 33760
TITLE D	<input type="checkbox"/> Delete NAME CARPENTER, LAURIE STREET ADDRESS 17757 US HWY 19 N #470 CITY-ST-ZIP CLEARWATER, FL 33764
TITLE D	<input checked="" type="checkbox"/> Delete NAME MICHAEL, PAULA STREET ADDRESS 4640 TOWER HILL LANE #2324 CITY-ST-ZIP SARASOTA, FL 34238

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Denise Inland STREET ADDRESS 13246 38th St. North CITY-ST-ZIP Clearwater, FL 33764
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kristina Cameron STREET ADDRESS 9600 Koger Blvd, Suite 225 CITY-ST-ZIP St. Petersburg, FL 33702
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Christensen, Sharon STREET ADDRESS 11101 Roosevelt Blvd. North CITY-ST-ZIP St. Petersburg, FL 33716
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Laurie Carpenter STREET ADDRESS 310 Seneca Falls Drive CITY-ST-ZIP Apollo Beach, FL 33572
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Evelyn Ortiz STREET ADDRESS 2000 Bayport Dr., Suite 700 CITY-ST-ZIP Tampa, FL 33607

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 617, 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 information.

SIGNATURE: *Sharon Christensen* DATE: **6/21/08** (800) 727-5234, ext 4247

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