

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046194

FILED
Apr 01, 2009
Secretary of State

Entity Name: JOHN CROWELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

9475 PHILLIPS HIGHWAY
SUITE 13
JACKSONVILLE, FL 32256

Current Mailing Address:

9475 PHILLIPS HIGHWAY
SUITE 13
JACKSONVILLE, FL 32256

New Principal Place of Business:

9475 PHILIPS HIGHWAY
SUITE 13
JACKSONVILLE, FL 32256

New Mailing Address:

9475 PHILIPS HIGHWAY
SUITE 13
JACKSONVILLE, FL 32256

FEI Number: 59-3645255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ
ONE INDEPENDENT DR., STE. 2200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CROWELL, JOHN PRES
Address: 9475 PHILLIPS HWY #13
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CROWELL, ANNETTE SEC
Address: 9475 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CROWELL, JOHN PRES
Address: 3365 BISHOP ESTATES RD
City-St-Zip: ST JOHNS, FL 32259

Title: D (X) Change () Addition
Name: CROWELL, ANNETTE SEC
Address: 3365 BISHOP ESTATES RD
City-St-Zip: ST JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CROWELL

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date