

# 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

FEI Number: 59-3645255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

9475 PHILIPS HIGHWAY  
SUITE 13  
JACKSONVILLE, FL 32256

## New Mailing Address:

9475 PHILIPS HIGHWAY  
SUITE 13  
JACKSONVILLE, FL 32256

## 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