

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006992

Entity Name: AABACOA INSURANCE, INC.

FILED  
Apr 12, 2008  
Secretary of State

## Current Principal Place of Business:

7302 S. US 1  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

8575 S FEDERAL HWY  
PORT ST. LUCIE, FL 34952

## Current Mailing Address:

7302 S. US 1  
PORT ST. LUCIE, FL 34952

## New Mailing Address:

8575 S FEDERAL HWY  
PORT ST. LUCIE, FL 34952

FEI Number: 26-0002921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LONG, EILEEN T  
215 E. ARBOR AVE.  
PORT ST. LUCIE, FL 34952 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: D ( ) Delete  
Name: LONG, EILEEN T  
Address: 215 E. ARBOR AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: LONG, DAWN  
Address: 215 E. ARBOR AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LONG, DAWN  
Address: 5443 NW MOORHEN TRAIL #207  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: EILEEN T LONG

PRES

04/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date