

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123134

Entity Name: SEQUOIA INSURANCE & FINANCIAL, INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

21301 POWERLINE RD
312
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21301 POWERLINE RD
312
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 56-2303761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRITTEN, DENNIS G
21301 POWERLINE ROAD
SUITE 312
BOCA RATON, FL 33433 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: TRENT, JASON M
Address: 7646 OAK GROVE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: BRITTEN, DENNIS G
Address: 11658 SE PLANDOME DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: MC CALEB, CHRISTOPHER
Address: 6174 HARBOUR GREENS
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: BEER, JOSHUA
Address: 10856 NORTHGREEN DRIVE
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JASON M TRENT

DIR

01/14/2008

Electronic Signature of Signing Officer or Director

Date