

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90029 030 ***150.00

DOCUMENT # P04000019980

1. Entity Name
PARTNER'S INSURANCE AGENCY, INC.



Principal Place of Business
**2610 NW 43 STREET
2D
GAINESVILLE, FL 32606**

Mailing Address
**P O BOX 147050
PMB 522
GAINESVILLE, FL 32614**

60045421



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07242008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

75-3144339

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, SHEILA J
17419 SW 67 AVE
ARCHER, FL 32618**

Name **SHEILA J. WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)
2610 NW 43RD STREET

SUITE 2D

City **GAINESVILLE**

FL

Zip Code
32606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILLIAMS, SHEILA J**
STREET ADDRESS **17419 SW 67 AVE**
CITY-ST-ZIP **ARCHER, FL 32618**

TITLE **D** ☐ Delete
NAME **WILLIAMS, SHEILA J**
STREET ADDRESS **17419 SW 67 AVE**
CITY-ST-ZIP **ARCHER, FL 32618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2610 NW 43RD STREET #2D**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2610 NW 43RD STREET #2D**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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 empowered.

SIGNATURE:

William
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/08
Date

352-332-0180
Daytime Phone #