

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-28-2008 90020 042 ***150.00

DOCUMENT # P04000075940

1. Entity Name

C. PEDUTO INSURANCE AGENCY, INC.



Principal Place of Business

7108 FAIRWAY DR
250
PALM BEACH GARDENS FL 33418

Mailing Address

7108 FAIRWAY DR
250
PALM BEACH GARDENS FL 33418

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

7108 FAIRWAY DR.

Suite, Apt. #, etc.

Ste 250

3. Mailing Address

SAME

Suite, Apt. #, etc.

"

1st MOORE

CR2E034 (10/07)



City & State

P.B. GARDENS FL

City & State

"

4. FEI Number

20-1120803

Applied For

Not Applicable

Zip

33418

Country

P. BEACH

Zip

Same

Country

SAME

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEDUTO, CATHERINE
7108 FAIRWAY DR
#250
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME PEDUTO, CATHERINE
STREET ADDRESS 2127 10TH ST N
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE VD ☐ Delete
NAME PEDUTO, PATRICK J
STREET ADDRESS 2127 10TH ST N
CITY-ST-ZIP LAKE WORTH FL 33461

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 Section 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 employees, etc.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phrase #

CATHERINE PEDUTO 2-19-08 566-776-8889