## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000144073

JAMIÉ GIOIA INSURANCE GROUP, INC.



Principal Place of Business

1071 WP BALL BOULEVARD SANFORD, FL 32771

Mailing Address

1071 WP BALL BOUELVARD SANFORD, FL 32771

## **FILED** Apr 20, 2007 08:00 A Secretary of State



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03202007 No Chg-P Applied For 4. FEI Number 59-3785756 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

GIOIA, JAMIE 7407 WINDING LAKE CIR OVIEDO, FL 32765

## DO NOT WRITE IN THIS SPACE

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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	il applicable. (NOTE: Registere	ed Agen) signature required when reinstatin	ng) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fina     Trust Fund Contribution.		ie				
10.	OFFICERS AND DIREC	OTORS		<b>"我们是这个人的,我是这个人的,我们们是</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIOIA, JAMIE 7407 WINDING LAKE CIR OVIEDO, FL 32765							
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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: