2008 FOR PROFIT CORPORATION

FILED Jan 29, 2008 8:00 am Secretary of State

ANNUAL REPORT	_
	7

DOCUMENT # P05000089968 1. Entity Name ED JAEGER'S INSURANCE AGENCY, INC.						01-29-2008 90023 050 ***150.00						
Principal Place	e of Business		М	ailing Address			լ գրու	, H o ~ -				
P.O. BOX 550				P.O. BOX 550								
			ON PARK, FL 33825									
						 	I SIBI SIIII BBIR BBIN BBIN					
Principal Place of Business - No P.O. Box # Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01242008	Chg-P	CR2E034	·		
City & State				City & State			4. FEI Numbe 20-307				plied For t Applicable	
Ζίρ	Country			Žip	try	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current I			urrent Regis	Registered Agent			7. Name and Address of New Registered Agent					
						Name						
JAEGËR, EDWARD J. 3802 SUNRISE DR.						Street Address (P.O. Box Number is Not Acceptable)						
SEBRING,	FL 338/2	<u>′</u>										
						City FL Zip Code						
8. The above	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 obligati	ions of registe	ered agent.									į	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
4FILE NOW!!! FEE IS \$150:00 at After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.							.00 May Be led to Fees					
10.		OFFICERS	AND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTORS	S IN 11	
TITLE	DPS Delete TITL					<u> </u>			Ε	Change	☐ Addition	
NAME		EDWARD J.			NAM	·					l	
STREET ADDRESS	3802 SUN					ET ADDRESS - ST- ZIP						
CITY-ST-ZIP	SEBRING,	, FL 33872				*				7 0		
TITLE NAME				☐ Delete	TITLE	l l			L] Change	Addition	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITL				[Change	Addition	
NAME					NAM	E						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					_	-ST-ZIP					F3	
TITLE				Delete	TITLI				L] Change	Addition	
NAME STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					4	-ST-ZIP						
TITLE	<u> </u>		·	☐ Delete	TITL	<u> </u>			[_ Change	☐ Addition	
NAME					NAM	E						
STREET ADDRESS	ļ					ET ADDRÉSS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITL	1			[_) Change	☐ Addition	
NAME CTREET ADDRESS					NAM	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					-	
12 I haraby r	certify that the	e information supplie	ed with this	iling does not qualify for	or the ex	emptions contained	d in Chapter 119	, Florida Statutes I	further certify	that the in	nformation	
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 tipe empowered.												