

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101129

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: DYRUFF INSURANCE AGENCY, INC.

## Current Principal Place of Business:

4451 S. PINE AVENUE, #2  
OCALA, FL 34471

## New Principal Place of Business:

1157 NE 14TH ST  
OCALA, FL 34470

## Current Mailing Address:

4451 S. PINE AVENUE, #2  
OCALA, FL 34471

## New Mailing Address:

1157 NE 14TH ST  
OCALA, FL 34470

FEI Number: 20-3190149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DYRUFF, SUSANNE M  
1320 SE 40TH CT  
OCALA, FL 344714951 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: PST ( ) Delete  
Name: DYRUFF, SUSANNE M  
Address: 1320 SE 40TH CT  
City-St-Zip: OCALA, FL 344714951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SUSANNE M DYRUFF

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

Date