

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000108507

1. Entity Name
RYAN OCHIPA INSURANCE AGENCY INC.



Principal Place of Business
**1721 RIDGEWOOD AVE.
HOLLY HILL, FL 32117**

Mailing Address
**1721 RIDGEWOOD AVE.
HOLLY HILL, FL 32117**

DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
35-2252190

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OCHIPA, RYAN
RYAN OCHIPA INSURANCE AGENCY, INC
1721 RIDGEWOOD AVE
HOLLYHILL, FL 32117**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OCHIPA, RYAN
STREET ADDRESS	4 COBBLESTONE TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	T
NAME	OCHIPA, JENNIFER
STREET ADDRESS	4 COBBLESTONE TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/08-80044-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Ryan Ochipa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/08 386 677-1115