

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151696

Entity Name: CARLI INSURANCE AGENCY, INC.

FILED
Mar 31, 2008
Secretary of State

Current Principal Place of Business:

2680 WEST LAKE MARY BOULEVARD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

2680 WEST LAKE MARY BOULEVARD
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 83-0440555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CARLI, D. BRENT
2680 W. LAKE MARY BLVD
LAKE MARY, FL 32746 US

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: D. BRENT CARLI

03/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARLI, TORY
Address: 2680 WEST LAKE MARY BOULEVARD
City-St-Zip: LAKE MARY, FL 32746

Title: DV (X) Delete
Name: PETERSON, SHERETT J
Address: 2680 WEST LAKE MARY BOULEVARD
City-St-Zip: LAKE MARY, FL 32746

Title: ST (X) Delete
Name: CARLI, BRENT
Address: 2680 WEST LAKE MARY BOULEVARD
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CARLI, D. BRENT
Address: 2680 WEST LAKE MARY BOULEVARD
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: D. BRENT CARLI

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date