

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044968

FILED
Aug 16, 2007
Secretary of State

Entity Name: KATHERINE JONES INSURANCE AGENCY, INC.

Current Principal Place of Business:

10801 STARKEY RD.
SUITE 9
LARGO, FL 33777

New Principal Place of Business:

575 S. HERCULES AVE.
SUITE 604
CLEARWATER, FL 33764

Current Mailing Address:

10801 STARKEY RD.
SUITE 9
LARGO, FL 33777

New Mailing Address:

575 S. HERCULES AVE.
SUITE 604
CLEARWATER, FL 33764

FEI Number: 43-2101349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, KATHERINE
1845 JESSICA RD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

JONES, KATHERINE
575 S. HERCULES AVE.
SUITE 604
CLEARWATER, FL 33764 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: KATHERINE JONES

08/16/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANG, KATHERINE
Address: 1845 JESSICA RD
City-St-Zip: CLEARWATER, FL 33765

Title: VP () Delete
Name: JONES, MARGARET
Address: 1831 OAK PARK DR S
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: JONES, MICHAEL
Address: 1831 OAK PARK DR S
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, KATHERINE
Address: 575 S. HERCULES AVE.
City-St-Zip: CLEARWATER, FL 33764

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: KATHERINE JONES

P

08/16/2007

Electronic Signature of Signing Officer or Director

Date