

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106599

FILED
Apr 25, 2008
Secretary of State

Entity Name: CHESAPEAKE INSURANCE MARKETING, INC.

Current Principal Place of Business:

905 E. M.L. KING DR.
SUITE 230
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

905 E. M.L. KING DR.
SUITE 230
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 20-5510214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAMOND, FRANK J JR.
905 E. M.L. KING DR.
SUITE 230
TARPON SPRINGS, FL 34689 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: DPT () Delete
Name: DIAMOND, FRANK J JR.
Address: 905 E. M.L. KING DR., #230
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DVPS () Delete
Name: RAWLINGS, THOMAS R
Address: 905 E. M.L. KING DR., #230
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRANK J. DIAMOND, JR.

DPT

04/25/2008

Electronic Signature of Signing Officer or Director

Date