

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000127546

1. Entity Name

PARTEE INSURANCE AGENCY, INC.



Principal Place of Business

175 BLANDING BLVD., STE. 5
ORANGE PARK, FL 32073

Mailing Address

175 BLANDING BLVD., STE. 5
ORANGE PARK, FL 32073

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5734512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARTEE, CINDI L.
175 BLANDING BLVD., STE. 5
ORANGE PARK, FL 32073

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000955808
07/22/08-80007-016 550.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PARTEE, WAYNE
STREET ADDRESS 973 LAS ROSAS DR.
CITY-ST-ZIP WEST COVINA, CA 91791

TITLE ST
NAME PARTEE, KATHEE
STREET ADDRESS 973 LAS ROSAS DR.
CITY-ST-ZIP WEST COVINA, CA 91791

TITLE V
NAME PARTEE, CINDI
STREET ADDRESS 973 LAS ROSAS DR.
CITY-ST-ZIP WEST COVINA, CA 91791

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/OFFICER OR DIRECTOR

Wayne M. Partee

7-16-08

Date

(626) 966-1791

Daytime Phone #