

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127546

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: PARTEE INSURANCE AGENCY, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 20-5734512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARTEE, CINDI L.  
175 BLANDING BLVD., STE. 5  
ORANGE PARK, FL 32073 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: P ( ) Delete  
Name: PARTEE, WAYNE  
Address: 973 LAS ROSAS DR.  
City-St-Zip: WEST COVINA, CA 91791

Title: ST ( ) Delete  
Name: PARTEE, KATHEE  
Address: 973 LAS ROSAS DR.  
City-St-Zip: WEST COVINA, CA 91791

Title: V ( ) Delete  
Name: PARTEE, CINDI  
Address: 973 LAS ROSAS DR.  
City-St-Zip: WEST COVINA, CA 91791

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WAYNE M. PARTEE

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date