

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127546

FILED
Feb 18, 2010
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:

400 COLLEGE DRIVE
SUITE #106
MIDDLEBURG, FL 32068

Current Mailing Address:

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

New Mailing Address:

584 S. GRAND AVENUE
COVINA, CA 91724

FEI Number: 20-5734512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

PARTEE, WAYNE M
400 COLLEGE DRIVE
SUITE #106
MIDDLEBURG, FL 32068 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: WAYNE M. PARTEE

02/18/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: PARTEE, WAYNE
Address: 973 LAS ROSAS DR.
City-St-Zip: WEST COVINA, CA 91791

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

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

I hereby 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 all other like empowered.

SIGNATURE: WAYNE M. PARTEE

P

02/18/2010

Electronic Signature of Signing Officer or Director

Date