

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132239

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: AIM INSURANCE AGENCY OF ST. AUGUSTINE, INC.

## Current Principal Place of Business:

4475 U.S. 1 SOUTH  
207  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

4475 US 1 SOUTH STE 207  
ST AUGUSTINE, FL 32086

## New Mailing Address:

4475 U.S. 1 SOUTH  
207  
ST. AUGUSTINE, FL 32086

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KLIMCZAK, PAUL J  
3605 ALT 19 N  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

KNOX, JAMES S  
1578 US HWY 1 SOUTH  
ST AUGUSTINE, FL 32084 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: JAMES KNOX

03/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: KLIMCZAK, PAUL J  
Address: 106 CARLYLE CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

Title: PST (X) Delete  
Name: KNOX, JAMES  
Address: 4475 US 1 SOUTH STE 207  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: V (X) Delete  
Name: CETON, LYNN  
Address: 4475 US 1 SOUTH STE 207  
City-St-Zip: ST AUGUSTINE, FL 32086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: KNOX, JAMES S  
Address: 1578 US HWY 1 SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32084

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: JAMES KNOX

PVST

03/18/2008

Electronic Signature of Signing Officer or Director

Date