

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141046

FILED  
Feb 18, 2008  
Secretary of State

Entity Name: JOSE CASTILLON INSURANCE AGENCY, INC

## Current Principal Place of Business:

3459 RIDGEWOOD AVENUE  
PORT ORANGE, FL 32129 US

## New Principal Place of Business:

3460 RIDGEWOOD AVENUE  
SUITE B  
PORT ORANGE, FL 32129 US

## Current Mailing Address:

3459 RIDGEWOOD AVENUE  
PORT ORANGE, FL 32129 US

## New Mailing Address:

3460 RIDGEWOOD AVENUE  
SUITE B  
PORT ORANGE, FL 32129 US

FEI Number: 20-5852927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTILLON, JOSE  
3459 RIDGEWOOD AVE  
PORT ORANGE, FL, FL 32129 US

## Name and Address of New Registered Agent:

CASTILLON, JOSE  
3460 RIDGEWOOD AVE  
SUITE B  
PORT ORANGE, FL, FL 32129 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: \_\_\_\_\_

02/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASTILLON, JOSE  
Address: 3459 RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32129 FL

Title: T ( ) Delete  
Name: CASTILLON, JOSE  
Address: 3459 RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32129 FL

Title: S ( ) Delete  
Name: CASTILLON, JOSE  
Address: 3459 RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32129 FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CASTILLON, JOSE  
Address: 3460 RIDGEWOOD AVE SUITE B  
City-St-Zip: PORT ORANGE, FL 32129 FL

Title: T (X) Change ( ) Addition  
Name: CASTILLON, JOSE  
Address: 3460 RIDGEWOOD AVE SUITE B  
City-St-Zip: PORT ORANGE, FL 32129 FL

Title: S (X) Change ( ) Addition  
Name: CASTILLON, JOSE  
Address: 3460 RIDGEWOOD AVE SUITE B  
City-St-Zip: PORT ORANGE, FL 32129 FL

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: JOSE CASTILLON

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02/18/2008

Electronic Signature of Signing Officer or Director

Date