

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147442

FILED
May 01, 2008
Secretary of State

Entity Name: SHAEFER INSURANCE AGENCY, INC

Current Principal Place of Business:

530 US 41 BY-PASS, UNIT 8A
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

3220 DUAN TER.
NORTH PORT, FL 34286

New Mailing Address:

3220 DUAR TER.
NORTH PORT, FL 34291

FEI Number: 20-5946683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAEFER, BRIAN
3220 DUAN TERRACE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

SHAEFER, BRIAN
3220 DUAR TERRACE
NORTH PORT, FL 34291 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: BRIAN SHAEFER

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAEFER, BRIAN J.
Address: 3220 DUAN TER.
City-St-Zip: NORTH PORT, FL 34286

Title: V () Delete
Name: STAKEM, TIMOTHY M.
Address: 3681 WAYWARD AVE.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAEFER, BRIAN J.
Address: 3220 DUAR TER.
City-St-Zip: NORTH PORT, FL 34291

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: BRIAN SHAEFER

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date