


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90008 026 \*\*\*158.75

**DOCUMENT # P06000155594**

1. Entity Name  
**JEAN L. WILLIAMS INSURANCE, INC.**



Principal Place of Business      Mailing Address  
**200 N. TAMiami TRAIL**      **P.O. BOX 1507**  
**SUITE C**      **VENICE, FL 34284**  
**VENICE, FL 34285**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**5305 US41 Bypass**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      **Unit 6A**

City & State      City & State  
**Venice, FL**

Zip      Country      Zip      Country  
**34285**

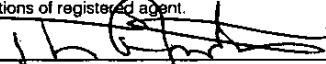
01302008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-8109598**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**PREWETT, DANIEL L**  
**5777 BENEVA RD.**  
**SARASOTA, FL 34233**

7. Name and Address of New Registered Agent  
 Name **Terry L. Armentrout**  
 Street Address (P.O. Box Number is Not Acceptable)  
**170 W Dearborn Street**  
 City **Englewood**      **FL**      Zip Code **34423**

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE       **Terry L. Armentrout, CPA Jan 30, 2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

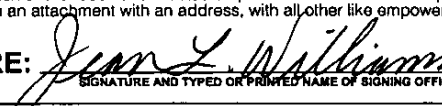
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILLIAMS, JEAN L</b> <b>625 LINDEN ROAD</b> <b>VENICE, FL 34293</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>THOMPSON, PATTY L</b> <b>625 LINDEN ROAD</b> <b>VENICE, FL 34293</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>THOMPSON, PATTY</b> <b>625 LINDEN ROAD</b> <b>VENICE, FL 34293</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA</b> <b>WILLIAMS, THOMAS J</b> <b>625 LINDEN ROAD</b> <b>VENICE, FL 34293</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       **JEAN L. WILLIAMS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **PRES.**      **2/25/08**      **941-493-1645**  
Date      Daytime Phone #