## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000076334

Entity Name: JOAN SCHLERETH INSURANCE AGENCY, INC.

FILED Mar 24, 2008 Secretary of State

Current F	Principal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
	ORTH CLEVEL FORT MYERS,	AND AVE #606 FL 33903			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ORTH CLEVEL FORT MYERS,	AND AVE #606 FL 33903			
FEI Numbe	r: 26-0244464	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1840 SW 4TH FLO	& UTRERA, P 22ND ST. OR _ 33145 US	A.			
	e named entity te of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	ampaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	SCHLERETH,	) Delete JOAN CLEVELAND AVE #606	Title: Name: Address:	( ) Change ( ) Addition	

 Name:
 SCHLERETH, JOAN
 Name:

 Address:
 15201 NORTH CLEVELAND AVE #606
 Address:

 City-St-Zip:
 NORTH FORT MYERS, FL 33903
 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: JOAN SCHLERETH PD 03/24/2008