

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087490

FILED
Aug 11, 2008
Secretary of State

Entity Name: VONNIE M. WIGGINS INSURANCE AGENCY INC.

Current Principal Place of Business:

11757 BEACH BOULEVARD
SUITE 7
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

11757 BEACH BOULEVARD
SUITE 7
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-0641262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAYSON ACCOUNTING & CONSULTING, P.A.
118 SALEM COURT
SUITE B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

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: WIGGINS, VONNIE M
Address: 2250 WOODBRIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WIGGINS, VONNIE M CEO
Address: 2250 WOODBRIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

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: VONNIE M WIGGINS

CEO

08/11/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date