

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90069 001 ***158.75

DOCUMENT # P94000032339

1. Entity Name

ORDWAY INSURANCE, INC.



Principal Place of Business

415 SE 17 PLACE
OCALA FL 34471
US

Mailing Address

415 SE 17 PLACE
OCALA FL 34471
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0482983

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

RHOADES, RON A ESQ
2450 N. CITRUS HILLS BVD
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name

JEANNINE ORDWAY

Street Address (P.O. Box Number is Not Acceptable)

1236 SE 11th AVE

City

Ocala

FL

Zip

34471

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

2/28/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPTS ☐ Delete
NAME ORDWAY, JEANNINE R
STREET ADDRESS 1236 S.E. 11TH AVE
CITY-ST-ZIP Ocala FL 34471

TITLE VPD ☐ Delete
NAME ORDWAY, BRENT L
STREET ADDRESS 1236 SE 11 AVE
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

Jeannine R. Ordway

2/28/08 (352)861-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone