2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# P94000050827

Entity Name: FLORIDA STATE AGENCY, INC.

Current Principal Place of Business:

350 E 96TH STREET
INDIANAPOLIS, IN 46240 US

New Principal Place of Business:

Current Mailing Address:

62 MAPLE AVE
KEENE, NH 03431 US

New Mailing Address:

FEI Number: 65-0504530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: OSTROW, GARY J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

Title: T ( ) Delete
Name: TUITE, JAMES E
Address: 13 RIVERSIDE RD.
City-St-Zip: WESTON, MA 02493

Title: ASEC ( ) Delete
Name: DIRUSSO, MICHAEL J
Address: 62 MAPLE AVE.
City-St-Zip: KEENE, NH 03431

Title: P ( ) Delete
Name: KIRSCHNER, KEVIN J
Address: 350 E 96TH ST.
City-St-Zip: INDIANAPOLIS, IN 46240

Title: S ( ) Delete
Name: JENKINS, DOUGLAS T
Address: 6281 TRI-RIDGE BLVD.
City-St-Zip: LOVELAND, OH 45140

Title: DIR ( ) Delete
Name: GREGG, GARY R
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS T. JENKINS S 03/21/2008

Electronic Signature of Signing Officer or Director Date