

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000079286

FILED
Apr 25, 2007
Secretary of State

Entity Name: ACCURATE INSURANCE AGENCIES OF ST. JOHN'S COUNTY, INC.

Current Principal Place of Business:

1578 US 1 SOUTH
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1578 US 1 SOUTH
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

1578 US HWY 1 SOUTH
SAINT AUGUSTINE, FL 32084 US

FEI Number: 59-3271782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES KNOX
1578 US 1 SOUTH
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

JAMES KNOX
1578 US HWY 1 SOUTH
SAINT AUGUSTINE, FL 32084 US

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:

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KNOX, JAMES S.
Address: 1578 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: KNOX, JAMES S
Address: 1578 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: JAMES KNOX

PT

04/25/2007

Electronic Signature of Signing Officer or Director

Date