

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091871

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: GASKIN/GRADDY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

156 2ND ST  
WEWAHITCHKA, FL 32465 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 157  
WEWAHITCHKA, FL 32465

**New Mailing Address:**

FEI Number: 59-3282730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAYLOR, CINDY S  
1004 OLD DAIRY FARM RD  
WEWAHITCHKA, FL 32465 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: VPS ( ) Delete  
Name: TRAYLOR, CINDY  
Address: PO BOX 157, 1004 OLD DAIRY FARM RD  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: P ( ) Delete  
Name: GRADDY, FRANK J  
Address: PO BOX 157, 411 N HWY 71  
City-St-Zip: WEWAHITCCHKA, FL 32465

Title: BM (X) Delete  
Name: GRADDY, ANN G  
Address: 112 FLORIDA AV  
City-St-Zip: PORT SAINT JOE, FL 32456

**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:

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: CINDY S TRAYLOR

VP

03/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date