

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044829

FILED  
Apr 13, 2008  
Secretary of State

**Entity Name:** LEWIS & LEWIS INSURANCE AGENCY INC.

**Current Principal Place of Business:**

1313 WEST HIGHWAY 90  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

1313 WEST HIGHWAY 90  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 59-3315802

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, THOMAS D  
1313 WEST HIGHWAY 90  
LAKE CITY, FL 32055 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: P ( ) Delete  
Name: LEWIS, THOMAS D  
Address: 26260 HWY 129  
City-St-Zip: BRANFORD, FL 32008 US

Title: ST ( ) Delete  
Name: LEWIS, MEVELYN L  
Address: 26260 HIGHWAY 129  
City-St-Zip: BRANFORD, FL 32008 US

Title: VP ( ) Delete  
Name: LEWIS, BRIAN T  
Address: 26647 STATE ROAD 247  
City-St-Zip: BRANFORD, FL 32008 US

**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:** MEVELYN L. LEWIS

S/T

04/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date