

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084327

FILED  
Apr 07, 2008  
Secretary of State

**Entity Name:** JACK RICHARDS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

498 PALM SPRINGS DRIVE  
SUITE 350  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

498 PALM SPRINGS DRIVE  
SUITE 350  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-3469631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARDS, JACK CARLTON JR.  
848 WOOD BRIAR LOOP  
LAKE FOREST, FL 32771 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:** RICHARDS, JACK CARLTON JR.  
**Address:** 848 WOOD BRIAR LOOP  
**City-St-Zip:** LAKE FOREST, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** JACK CARLTON RICHARDS, JR.

PRES

04/07/2008

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

\_\_\_\_\_  
Date