2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # **P97000091991**

1. Entity Name

RAWLS INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1272 PRINCE CT. HEATHROW FL 32746	1272 PRINCE CT. HEATHROW FL 32746

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3474661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAWLS, SKIPPER 1292 PRINCE CT HEATHROW FL 32746	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above name[illegible] this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of reg[illegible]

SIGNATURE _____ (Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent must sign when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	U00000794236 ☐ Change ☐ Addition
NAME	RAWLS, SKIPPER		NAME	01/25/08-80040-024 150.00
STREET ADDRESS	1292 PRINCE COURT		STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Skipper H. Rawls SKIPPER H. Rawls 1/21/08 407-333-3646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #