


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90256 041 ***150.00

DOCUMENT # P97000106278 1. Entity Name JIM RAYNOR INSURANCE AGENCY, INC.					
Principal Place of Business 132 CENTRAL AVE LAKE WALES, FL 33853			Mailing Address 132 CENTRAL AVE LAKE WALES, FL 33853		
2. Principal Place of Business - No P.O. Box # 209 Catherine Ave.		3. Mailing Address P.O. Box 52			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Babson Park, Florida		City & State Babson Park, Florida		4. FEI Number 59-3483587	
Zip 33827		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAYNOR, JIM 132 W CENTRAL AVE LAKE WALES, FL 33853		7. Name and Address of New Registered Agent Name Cheryl K. Raynor Street Address (P.O. Box Number is Not Acceptable) 209 Catherine Ave. City Babson Park FL Zip Code 33827			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Cheryl K. Raynor, Director</u> <i>Cheryl K. Raynor</i> DATE 4/18/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registration)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNOR, JIM <input checked="" type="checkbox"/> Delete 132 CENTRAL AVE LAKE WALES, FL 33853		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNOR, CHERYL K <input type="checkbox"/> Delete 132 CENTRAL AVE LAKE WALES, FL 33853		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 52 Babson Park, Florida 33827	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNOR, JAMES A JR <input checked="" type="checkbox"/> Delete 132 WEST CENTRAL AVE LAKE WALES, FL 33853		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Cheryl K. Raynor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/19/2007		Daytime Phone # 863-635-3533