## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attac

SIGNATURE:

nent with an address, with all o

## Feb 07, 2007 08:00 Al **DOCUMENT # P98000009021 Secretary of State** J. H. L. INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 4407 HIGHWAY 4 4407 HIGHWAY 4 JAY, FL 32565 US JAY, FL 32565 02052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3520296 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FITZGERALD, PAUL DO NOT WRITE 6839 CAROLINE STREET MILTON, FL 32570 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent signeture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE NAME LOWRY, JAMES H STREET ADDRESS **4407 HIGHWAY 4** CITY-ST-ZIP JAY, FL 32565 U00000625975 TITLE 02/15/07-80001-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP 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

OFFICER OR DIRECTOR

**FILED**