


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90065 004 ***150.00

DOCUMENT # P98000014304 1. Entity Name JOAN WARWICK INSURANCE AGENCY, INC.	
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40051473



Principal Place of Business 1112 THIRD STREET, NORTH STE 2 NEPTUNE BEACH, FL 32266	Mailing Address 1112 THIRD STREET, NORTH STE 2 NEPTUNE BEACH, FL 32266
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip _____ Country _____	3. Mailing Address Suite, Apt. #, etc. City & State Zip _____ Country _____
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03062008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3498228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LINGER, DAVE 302 THIRD ST SUITE 5 NEPTUNE BEACH, FL 32266	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARWICK, JOAN 1112 THIRD ST NEPTUNE BCH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 lines empowered.

SIGNATURE:  B. Joan Warwick 3/18/08 904-246-4856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #