

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067996

FILED
Mar 10, 2008
Secretary of State

Entity Name: JOHN M. DARR INSURANCE AGENCY, INC.

Current Principal Place of Business:

2727 NW 43RD STREET
SUITE #6
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2727 NW 43RD STREET
SUITE #6
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3528518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRASHEAR, BRUCE ESQ
926 NW 13TH ST
GAINESVILLE, FL 32601 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: VP () Delete
Name: DARR, JOHN M
Address: 2727 NW 43RD STREET SUITE #6
City-St-Zip: GAINESVILLE, FL 32606

Title: PD () Delete
Name: DARR, JOHN M IV
Address: 8708 SW 34TH AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: VPST () Delete
Name: ROWELL, RICHARD W
Address: 8423 NW 6TH AVE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DARR, JOHN M
Address: 10170 SW 48TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD W. ROWELL

VP

03/10/2008

Electronic Signature of Signing Officer or Director

Date