

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016807

Entity Name: WILEY'S INSURANCE, INC.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

483 S. MARION AVE.
LAKE CITY, FL 32024 US

New Principal Place of Business:

483 S. MARION AVE.
LAKE CITY, FL 32025 US

Current Mailing Address:

483 S. MARION AVE.
LAKE CITY, FL 32024 US

New Mailing Address:

483 S. MARION AVE.
LAKE CITY, FL 32025 US

FEI Number: 59-3561889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUNTER, WILEY S
278 NW HARRIS LOOP
LAKE CITY, FL 32055 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: PD () Delete
Name: HUNTER, WILEY S
Address: 278 NW HARRIS LOOP
City-St-Zip: LAKE CITY, FL 32055

Title: STD () Delete
Name: HUNTER, GAYLE
Address: 278 NW HARRIS LOOP
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILEY S. HUNTER

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date