

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000047794

1. Entity Name
PALM INSURANCE AGENCY, INC.



Principal Place of Business
410 N.E. 167TH STREET
N. MIAMI BEACH, FL 33162

Mailing Address
410 N.E. 167TH STREET
N. MIAMI BEACH, FL 33162

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0928614

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COWART, LEE
401 NE 167TH STREET
MIAMI, FL 33162

**DO NOT WRITE
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: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COWART, M'LISS
STREET ADDRESS	410 N.E. 167TH STREET
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	P
NAME	COWART, LEE J
STREET ADDRESS	401 NE 167TH CT
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VP
NAME	COWART, M'LISS T
STREET ADDRESS	401 NE 167TH STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	S
NAME	COWART, RYAN
STREET ADDRESS	401 NE 167TH ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/16/08-80007-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: M'LISS COWART M'LISS COWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-7-08

Daytime Phone #

305-720-0350