


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90020 012 ***150.00

DOCUMENT # P99000048063		
1. Entity Name R.E.T. INSURANCE UNDERWRITERS, INC.		

Principal Place of Business 1460 ROLLING OAKS DRIVE MOLINO, FL 32577	Mailing Address 1460 ROLLING OAKS DRIVE MOLINO, FL 32577
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02012008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3591866	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIVINGSTON TOLOME, ELAINE M 1460 ROLLING OAKS DR MOLINO, FL 32577		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 _____ (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	DLIVINGSTON TOLOME, ELAINE M 1460 ROLLING OAKS DRIVE MOLINO, FL 32577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elaine M. Livingston 2/2/08 850-587-3932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TYPE/PRINT
IN
PERMANENT
BLACK INK.

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES

CENTER FOR HEALTH AND STATISTICS

136-

State File Number

APPLICATION, LICENSE, AND RECORD OF MARRIAGE

LOCAL OFFICIAL	COUNTY	Josephine	LICENSE EFFECTIVE ON OR AFTER	August 20, 2007
GROOM	1. GROOM'S NAME First	Lennis	8. GROOM'S LAST NAME	Livingston sr
	2. BIRTHPLACE (State or Foreign Country)	VIRGINIA	3. DATE OF BIRTH (Month, Day, Year)	08-31-1948
	4. AGE (18 or older, 17 with consent)	58	5. SEX	Male
	6. OCCUPATION	Retired	7. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)	Divorced
CONSENT FORM WAIVER	8a. FATHER'S NAME (First, Middle, Last)	Alfred M. Livingston sr	8b. BIRTHPLACE (State or Foreign Country)	Georgia
	9a. MOTHER'S NAME (First, Middle, Maiden Surname)	Jean M. Royhall	9b. BIRTHPLACE (State or Foreign Country)	North Carolina
	10. GROOM'S ADDRESS Street and Number	11856 Venice Blvd Foley	City or Town	Baldwin
			State	AI
			Zip	36535
	11. If affidavit is required as proof of age, the name and address of the affiant.			
	Name: Address:			
BRIDE	12a. BRIDE'S NAME First	ELAINE	Middle	MAY
			Last	Tolomeo
	12b. MAIDEN SURNAME (If Different)	MELENIAC	12c. PREVIOUS NAME (If Different)	
	13. BIRTHPLACE (State or Foreign Country)	NEW JERSEY	14. DATE OF BIRTH (Month, Day, Year)	11-8-41
	15. AGE (18 or older, 17 with consent)	65	16. SEX	F
CONSENT FORM WAIVER	17. OCCUPATION	INS. SALES	18. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)	Widowed
	19a. FATHER'S NAME (First, Middle, Last)	Joseph Meleniak	19b. BIRTHPLACE (State or Foreign Country)	NEW JERSEY
	20a. MOTHER'S NAME (First, Middle, Maiden Surname)	ELLEN Emelia ZIMMERMAN	20b. BIRTHPLACE (State or Foreign Country)	NEW JERSEY
	21. BRIDE'S ADDRESS (Street and Number)	1460 Rolling Oaks Dr. Molino	City or Town	Escambia FL
			County	
			State	
			Zip	32577
	22. If affidavit is required as proof of age, the name and address of the affiant.			
	Name: N/A Address:			
SIGNATURES	WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.			
	23. GROOM'S LEGAL SIGNATURE	24. BRIDE'S LEGAL SIGNATURE		
	NEITHER YOU NOR YOUR SPOUSE IS THE PROPERTY OF THE OTHER. THE LAWS OF THE STATE OF OREGON AFFIRM YOUR RIGHT TO ENTER INTO MARRIAGE AND AT THE SAME TIME TO LIVE WITHIN THE MARRIAGE FREE FROM VIOLENCE AND ABUSE.			
LICENSE TO MARRY	This License Authorizes the Marriage in this State of the Parties Named Above by Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the STATE OF OREGON.			25. LICENSE EXPIRES (Month, Day, Year)
	26. DATE LICENSE ISSUED			October 18, 2007
	August 20, 2007	27. SIGNATURE OF ISSUING OFFICIAL		28. TITLE OF ISSUING OFFICIAL
		By Carolyn T. Farias Deputy		Georgette Brown, County Clerk
APPLICANT - DO NOT WRITE BETWEEN THESE LINES - OFFICIAL USE ONLY	29. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON - MONTH, DAY, YEAR			30a. WHERE MARRIED - CITY, TOWN/LOCATON
	August 21, 2007			30b. COUNTY
				OREGON
CEREMONY	31a. SIGNATURE OF PERSON PERFORMING CEREMONY			31b. NAME (Type/Print)
	Georgette Brown			Georgette Brown
	31c. NAME/TITLE OF OFFICIANT'S AUTHORIZING RELIGIOUS CONGREGATION/ORGANIZATION			31c. TITLE
	N/A			County Clerk
	32. WITNESS NAME			31e. ADDRESS AND PHONE NUMBER OF PERSON PERFORMING CEREMONY
	James E. Zimmerman			Josephine County Courthouse
				Grants Pass, OR 97526
LOCAL OFFICIAL	34. SIGNATURE OF COUNTY CLERK OR DIRECTOR			35. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)
	Georgette Brown Deputy			August 21, 2007

ATTACHMENT

40023589

P99000048063

State of Oregon) ss.
County of Josephine)

I, Georgette Brown,
County Clerk and Recorder of Josephine County,
Oregon, do hereby certify that the foregoing has been
compared with the original thereof and that it is a cor-
rect copy therefrom and the whole thereof as the same
appears on file and of record in my office.

Witness my hand and seal this 28 day of Aug 20 07
Georgette Brown, Clerk & Recorder
by [Signature]
Deputy