## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT # P99000051708** 

1. Entity Name RILEY INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

825 EDGEWOOD AVENUE W. JACKSONVILLE, FL 32208

825 EDGEWOOD AVENUE W. JACKSONVILLE, FL 32208

**FILED** Jan 28, 2008 08:00 AN Secretary of State



DO	NOT	WRITE	IN THIS	SPACE

CR2E034 (11/05) 01162008 No Chg-P Applied For 4. FEI Number 59-3585146 Not Applicable \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required

6. Name and Address of Current Registered Agent

MANDEVILLE, JAMES A 825 EDGEWOOD AVE W JACKSONVILLE, FL 32208

## DO NOT WRITE IN THIS SPACE

SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution			cing \$5.00 N	lay Be   11000008 Fees   02/05/08-6	:03 <b>5</b> 07 :0028-011 150	. 00				
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, MICHAEL A 825 EDGEWOOD AVENUE W. JACKSONVILLE, FL 32208		,							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	,		,				
TITLE					•					
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12. I hereby of indicated of the corrections of the	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exer and accurate and that my signatual to execute this report as require other like empowered.	mptions contained in Ch ire shall have the same I ad by Chapter 607, Florid Chapter A R	apter 119, Florida Statutes. I fur egal effect as if made under oat da Statutes; and that my name a	rther certify that the inform h; that I am an officer or oppears in Block 10 or Block	mation director ock 11 if				

ING OFFICER OR DIRECTOR

michael A Riley

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