

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000072108

Entity Name: OVIEDO INSURANCE AGENCY INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

120 N CENTRAL AVE
OVIEDO, FL 32765

New Principal Place of Business:

184 S CENTRAL AVE
OVIEDO, FL 32765

Current Mailing Address:

120 N CENTRAL AVE
OVIEDO, FL 32765

New Mailing Address:

184 S CENTRAL AVE
OVIEDO, FL 32765

FEI Number: 59-3601292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, KATHLEEN O
120 N CENTRAL AVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RIVERA, KATHLEEN O
184 S CENTRAL AVE
OVIEDO, FL 32765 US

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: KATHLEEN O RIVERA

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERA, KATHLEEN O
Address: 120 N CENTRAL AVE.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIVERA, KATHLEEN O
Address: 184 S CENTRAL AVE
City-St-Zip: OVIEDO, FL 32765

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: KATHLEEN O. RIVERA

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date