

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000091801

1. Entity Name  
FIDDLER'S CREEK INSURANCE AGENCY, INC.



Principal Place of Business  
8156 FIDDLER'S CREEK PARKWAY  
NAPLES, FL 34114

Mailing Address  
8156 FIDDLER'S CREEK PARKWAY  
NAPLES, FL 34114

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

03262008

Chg-P

CR2E034 (12/06)

4. FEI Number  
65-0958849

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J ESQ.  
3200 TAMIAMI TRL  
SUITE 200  
NAPLES, FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME DINARDO, ANTHONY  
STREET ADDRESS 8156 FIDDLER'S CREEK PKWY  
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Change ☐ Addition  
NAME 900123532089  
STREET ADDRESS 04/15/08--01023--002 \*\*150.00  
CITY-ST-ZIP

TITLE VPTD ☐ Delete  
NAME PARISI, JOSEPH L  
STREET ADDRESS 8156 FIDDLERS CREEK PKWY  
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Change ☒ Addition  
NAME S 900123532089  
STREET ADDRESS 04/15/08--01023--022 \*\*192.50  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME WOODWARD, MARK J  
STREET ADDRESS 3200 TAMIAMI TRAIL N. (#200)  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

3/27/08 (239) 732-9400

SIGNATURE:

JOSEPH L. PARISI, Director

Date

Daytime Phone #

FILED

2008 APR 15 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4/1/08