

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23997

FILED
Apr 17, 2008
Secretary of State

Entity Name: MARY BETH PRICE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2726 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Principal Place of Business:

2726 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Current Mailing Address:

2726 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Mailing Address:

2726 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

FEI Number: 59-3043450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, MARY BETH
4153 MADURA RD
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRICE, MARY BETH,
Address: 4153 MADURA ROAD
City-St-Zip: GULF BREEZE, FL 32563

Title: VP1 () Delete
Name: PRICE, MICHAEL D.,
Address: 4153 MADURA ROAD
City-St-Zip: GULF BREEZE, FL 32563

Title: S () Delete
Name: PRICE, PARKER R
Address: 4084 LONGWOOD CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: PRICE, MARY BETH
Address: 4153 MADURA RD
City-St-Zip: GULF BREEZE, FL 32563

Title: VP2 (X) Delete
Name: CALVERT, FINIS S JR
Address: 1803 MALLORY ST
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PRICE, MARY BETH
Address: 4153 MADURA RD
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY BETH PRICE

P

04/17/2008

Electronic Signature of Signing Officer or Director

Date