2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S74026

1. Entity Name
E-INSURE, INC.

Principal Place of Business

720 APALACHEE DRIVE, NE
ST PETERSBURG, FL 33702

Mailing Address

720 APALACHEE DRIVE, NE
ST PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

01292008   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3080822

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. **Name and Address of Current Registered Agent**

POE, BETHEL A
2225 ARCH MCDONALD DR
DOVER, FL 33527

DO NOT WRITE IN THIS SPACE

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	U00000812592 02/12/08-80055-018 150.00

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10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	KRZESINSKI, THOMAS S
STREET ADDRESS	720 APALACHEE DRIVE NE
CITY-ST-ZIP	ST. PETERSBURG, FL 33702

TITLE	DT
NAME	KRZESINSKI, SHARON I
STREET ADDRESS	720 APALACHEE DRIVE NE
CITY-ST-ZIP	ST PETERSBURG, FL 33702

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _T. S. Krzesinski_   1/31/08   813/259-4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #