


FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90011 002 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S76335 1. Entity Name INSURANCE MARKETING RESOURCES, INC.					
Principal Place of Business 2121 PONCE DE LEON BLVD. STE 600 CORAL GABLES, FL 33134 US			Mailing Address 2121 PONCE DE LEON BLVD. STE 600 CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box # 12800 University Drive			3. Mailing Address 12800 University Drive		
Suite, Apt. #, etc. Suite 350			Suite, Apt. #, etc. Suite 350		
City & State Fort Myers, FL			City & State Fort Myers		
Zip 33907		Country USA		Zip 33907	
Country USA		4. FEI Number 65-0299983			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TRUXTON, JOSHUA J 9885-A WATERMILL CIRCLE BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Joshua J. Truxton</u> Joshua J. TRUXTON 29 JAN 08 (570) 736-8044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40055000



01232008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0299983 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLANOS TRUXTON, P.A.
 12800 UNIVERSITY DRIVE
 SUITE 350
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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SIGNATURE: Joshua J. Truxton Joshua J. TRUXTON 29 JAN 08 (570) 736-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #