

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34933

FILED
Apr 07, 2008
Secretary of State

Entity Name: SEMENTELLI INSURANCE AGENCY, INC.

Current Principal Place of Business:

8295 N MILITARY TRAIL
E
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

8295 N MILITARY TRAIL
E
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 65-0327755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEMMENTELLI, ALLISON L
1010 VIA JARDIN
PALM BEACH GARDENS, FL 33418 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: SEMENTELLI, ALLISON L OWNER
Address: 1010 VIA JARDIN
City-St-Zip: PALM BEACH GDNS, FL 33418

Title: DCM () Delete
Name: SEMENTELLI, ALLISON L.
Address: 1010 VIA JARDIN
City-St-Zip: PALM BCH. GARDENS, FL 33418

Title: VTS (X) Delete
Name: SEMENTELLI, JOHN A OWNER
Address: 1010 VIA JARDIN
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SEMENTELLI, JOHN A OWNER
Address: 1010 VIA JARDIN
City-St-Zip: PALM BCH. GARDENS, FL 33418

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: ALLISON L. SEMENTELLI

P

04/07/2008

Electronic Signature of Signing Officer or Director

Date