2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# V62160

Entity Name: REESE INSURANCE AGENCY, INC.

Current Principal Place of Business:

12684 E. TAMIAMI TR
NAPLES, FL 34113

New Principal Place of Business:

2405 CRAYTON RD
NAPLES, FL 34103

Current Mailing Address:

12684 E. TAMIAMI TR
NAPLES, FL 34113

New Mailing Address:

2405 CRAYTON RD
NAPLES, FL 34103

FEI Number: 65-0356470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REESE, CATHY L
12684 E TAMIAMI TR
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

REESE,CATHY L
2405 CRAYTON RD
NAPLES, FL 34103 US

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: CATHY L REESE 04/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: REESE, CATHY L
Address: 12684 E. TAMIAMI TR
City-St-Zip: NAPLES, FL 34113

Title: VT ( ) Delete
Name: STACK, RON
Address: 2405 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34103

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: REESE, CATHY L
Address: 2405 CRAYTON RD
City-St-Zip: NAPLES, FL 34103

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

Title: S ( ) Change (X) Addition
Name: REESE, TRENT S
Address: 2405 CRAYTON RD
City-St-Zip: NAPLES, FL 34103

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: CATHY L REESE P 04/29/2008
Electronic Signature of Signing Officer or Director Date