

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001972

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: INTERSECURITIES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

570 CARILLON PARKWAY  
ST. PETERSBURG, FL 337161202

**New Principal Place of Business:**

**Current Mailing Address:**

570 CARILLON PARKWAY  
ST. PETERSBURG, FL 337161202

**New Mailing Address:**

FEI Number: 42-1517005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: AS ( ) Delete  
Name: GEIGER, WILLIAM H  
Address: 570 CARILLON PARKWAY  
City-St-Zip: ST. PETERSBURG, FL 337161202

Title: SD ( ) Delete  
Name: WOLLETT, FRANKLYN J  
Address: 570 CARILLON PARKWAY  
City-St-Zip: ST. PETERSBURG, FL 337161202

Title: VDT ( ) Delete  
Name: CUMMINGS, WILLIAM G  
Address: 570 CARILLON PARKWAY  
City-St-Zip: ST. PETERSBURG, FL 337161202

Title: AV ( ) Delete  
Name: ROGERS, DIANE E  
Address: 570 CARILLON PARKWAY  
City-St-Zip: ST. PETERSBURG, FL 337161202

Title: AV ( ) Delete  
Name: FORSTER, DOUGLAS R  
Address: 570 CARILLON PARKWAY  
City-St-Zip: ST. PETERSBURG, FL 337161202

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

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

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

Title: P ( ) Change (X) Addition  
Name: CORBIN, TOM  
Address: 570 CARILLON PARKWAY  
City-St-Zip: ST. PETERSBURG, FL 33716

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: FRANKLYN J WOLLETT

SD

01/12/2009

Electronic Signature of Signing Officer or Director

Date