

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F85922

FILED  
Jan 17, 2010  
Secretary of State

**Entity Name:** MIKE ELLIOTT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

401 LAKE HOWELL ROAD  
MAITLAND, FL 327515906 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 LAKE HOWELL ROAD  
MAITLAND, FL 327515906 US

**New Mailing Address:**

FEI Number: 59-2192004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ELLIOTT, MICHAEL L  
401 LAKE HOWELL ROAD  
MAITLAND, FL 327515906 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: DP  
Name: ELLIOTT, MICHAEL L  
Address: 401 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 327515906 US

Title: TS  
Name: ELLIOTT, JOAN K.  
Address: 401 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 327515906 US

Title: VP  
Name: ELLIOTT, TODD L.  
Address: 401 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 327515906 US

Title: VP  
Name: FORRESTAL, MICHELLE E  
Address: 401 LAKE HOWELL RD  
City-St-Zip: MAITLAND, FL 327515906 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL L. ELLIOTT

DP

01/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date