

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002135

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: CUENCA & ASSOCIATES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6724 LOCKHEED DRIVE  
SUITE 1  
REDDING, CA 96002

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 991850  
REDDING, CA 960991850 US

**New Mailing Address:**

FEI Number: 94-2156207

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: MR. ( ) Delete  
Name: CUENCA, HENRY R CEO  
Address: 6724 LOCKHEED DRIVE, SUITE 1  
City-St-Zip: REDDING, CA 96002

Title: MRS. ( ) Delete  
Name: CUENCA, MARY ANNE SECRETA  
Address: 6724 LOCKHEED DRIVE, SUITE 1  
City-St-Zip: REDDING, CA 96002

Title: MS. ( ) Delete  
Name: MARLER, VICKIE VPOF  
Address: 6724 LOCKHEED DRIVE, SUITE 1  
City-St-Zip: REDDING, CA 96002

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: MR. ( ) Change (X) Addition  
Name: CUENCA, RYAN  
Address: 6724 LOCKHEED DRIVE, SUITE 1  
City-St-Zip: REDDING, CA 96002 US

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: VICKIE MARLER

VP

03/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date