

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002135

FILED
Apr 06, 2009
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:

P.O. BOX 492517
REDDING, CA 96049 US

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

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. (X) Change () Addition
Name: CUENCA, RYAN VPOO
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: ERIN ROBESON

LIC

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date