

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88776

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SUTTON AND ASSOCIATES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1361 ROYAL PALM SQ BLVD  
SUITE 5  
FT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 62049  
FT MYERS, FL 33906 US

**New Mailing Address:**

FEI Number: 65-0057331      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SUTTON, SCOTT D  
1361 ROYAL PALM SQ BLVD  
SUITE 5  
FT MYERS, FL 33919 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: PTD ( ) Delete  
Name: SUTTON, LARRY D P  
Address: 1361 ROYAL PALM SQ BLVD - #5  
City-St-Zip: FORT MYERS, FL 33919 US

Title: SD ( ) Delete  
Name: SUTTON, EILEEN F SEC  
Address: 1361 ROYAL PALM SQ BLVD - #5  
City-St-Zip: FORT MYERS, FL 33919 US

Title: VPD ( ) Delete  
Name: SUTTON, SCOTT D VP  
Address: 1361 ROYAL PALM SQ BLVD - #5  
City-St-Zip: FORT MYERS, FL 33919 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:

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: SCOTT SUTTON

VP

04/28/2009

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

\_\_\_\_\_ Date