

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000068535

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** FORSYTH BROKERAGE INSURANCE SERVICES, INC

**Current Principal Place of Business:**

1711 AVENIDA DEL SOL  
BOCA RATON, FL 33432

**New Principal Place of Business:**

1738 COSTA DEL SOL  
BOCA RATON, FL 33432

**Current Mailing Address:**

1711 AVENIDA DEL SOL  
BOCA RATON, FL 33432

**New Mailing Address:**

1738 COSTA DEL SOL  
BOCA RATON, FL 33432

**FEI Number:** 26-0338036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORSYTH, ELIZABETH A  
1711 AVENIDA DEL SOL  
BOCA RATON, FL 33432 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:** FORSYTH, ELIZABETH A  
**Address:** 1711 AVENIDA DEL SOL  
**City-St-Zip:** BOCA RATON, FL 33432

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:** ELIZABETH A. FORSYTH

PRES

01/25/2010

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

\_\_\_\_\_  
Date