

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000051402

**FILED  
Jun 08, 2010  
Secretary of State**

**Entity Name:** MID-FLORIDA CROP INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

401-A N. 6TH AVENUE  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

212 WEST MAIN STREET  
WAUCHULA, FL 33873 US

**Current Mailing Address:**

401-A N. 6TH AVENUE  
WAUCHULA, FL 33873 US

**New Mailing Address:**

212 WEST MAIN STREET  
WAUCHULA, FL 33873 US

**FEI Number:** 27-0357951      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRABANT, V. SHAWN  
4057 SW JOHNSON AVE  
ARCADIA, FL 34266 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRABANT, V. SHAWN  
Address: 4057 SW JOHNSON AVE  
City-St-Zip: ARCADIA, FL 34266 US

Title: VP  
Name: YEOMANS, MICHELLE L  
Address: 5147 OLLIE ROBERTS ROAD  
City-St-Zip: BOWLING GREEN, FL 33834 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: V SHAWN BRABANT

P

06/08/2010

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

\_\_\_\_\_ Date