2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004222

Entity Name: DEVONSHIRE INSURANCE AGENCY INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
82 DEVONS BOSTON, M					
Current Mailing Address:			New Mailin	New Mailing Address:	
82 DEVONSHIRE ST. BOSTON, MA 02109					
FEI Number:	04-2710779	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SKILLMAN, JON 82 DEVONSHIRI BOSTON, MA 0:	E ST.	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	AVP () MCFADDEN, JO 82 DEVONSHIRI BOSTON, MA 0	E ST.	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CIMINI, JEFREY 82 DEVONSHIRE ST. BOSTON, MA 02109	
Title: Name: Address: City-St-Zip:	VP () HOLDEN, MARK 82 DEVONSHIRI BOSTON, MA 0	E ST.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () GOLINO, DAVID 82 DEVONSHIRI BOSTON, MA 0	E ST.	Title: Name: Address: City-St-Zip:	T (X) Change () Addition MEI, MILES 82 DEVONSHIRE ST. BOSTON, MA 02109	
Title: Name: Address: City-St-Zip:	S () PEARLMAN, DA' 82 DEVONSHIRI BOSTON, MA 0	E ST.	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SHEA, EDWARD M 82 DEVONSHIRE ST. BOSTON, MA 02109	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition JOHNSON, WILLIAM J JR 82 DEVONSHIRE ST. BOSTON, MA 02109	

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: MARK HOLDEN VP 01/14/2009