

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049092

Entity Name: SENIRAM INSURANCE, INC.

FILED  
Jan 22, 2009  
Secretary of State

**Current Principal Place of Business:**

307 PONTOTOC STREET  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1388  
AUBURNDALE, FL 33823

**New Mailing Address:**

120 SYLVANA CT.  
AUBURNDALE, FL 33823

FEI Number: 58-2669780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

READ, JOHNNY M SR.  
120 SYLVANA COURT  
AUBURNDALE, FL 33823 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: P/S ( ) Delete  
Name: READ, JOHNNY M SR.  
Address: 120 SYLVANA COURT  
City-St-Zip: AUBURNDALE, FL 33823

Title: V ( ) Delete  
Name: READ, JOHNNY M JR  
Address: 718 LAKE ELOISE PLACE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T ( ) Delete  
Name: READ, LINDA F  
Address: 120 SYLVANA COURT  
City-St-Zip: AUBURNDALE, FL 33823

**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: JOHNNY M. READ, SR.

P/S

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date