

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63419

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: KOYUTIS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

8094 COTTONWOOD COURT  
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

**Current Mailing Address:**

8094 COTTONWOOD COURT  
SEMINOLE, FL 33776 US

**New Mailing Address:**

FEI Number: 59-2145902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAM C. KOYUTIS  
8094 COTTONWOOD COURT  
SEMINOLE, FL 33776 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: VS ( ) Delete  
Name: KOYUTIS, WILLIAM C,  
Address: 8094 COTTONWOOD COURT  
City-St-Zip: SEMINOLE, FL 33776

Title: PTD ( ) Delete  
Name: KOYUTIS, BARBARA L,  
Address: 8094 COTTONWOOD COURT  
City-St-Zip: SEMINOLE, FL 33776

Title: VP ( ) Delete  
Name: THOMAS, KIRSTEN  
Address: 8095 WILLOW COURT  
City-St-Zip: SEMINOLE, FL 33776

**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: BARBARA L. KOYUTIS

PRES

03/28/2009

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

\_\_\_\_\_  
Date