

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 126191

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** DESOTO INSURANCE AGENCY INC

**Current Principal Place of Business:**

243 N BREVARD AVE  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880  
243 N BREVARD AVE  
ARCADIA, FL 34265 US

**New Mailing Address:**

**FEI Number:** 59-0218850      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AMBLER, LEWIS JR  
243 N BREVARD 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AMBLER, LEWIS, JR.  
Address: 243 N BREVARD AVE  
City-St-Zip: ARCADIA, FL 34266

Title: STD  
Name: SMITH, DONALD R  
Address: 243 N BREVARD AVE  
City-St-Zip: ARCADIA, FL 34266

Title: D  
Name: AMBLER, JAY C  
Address: 1424 FOREST AVE  
City-St-Zip: NEPTUNE BEACH, FL 32266

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: LEWIS AMBLER, JR.

PRES

02/16/2010

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

\_\_\_\_\_  
Date