

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 165570

FILED
Apr 16, 2009
Secretary of State

Entity Name: INSURANCE BUREAU, INC.

Current Principal Place of Business:

1515 N. WESTSHORE BLVD.
P.O. BOX 31087
TAMPA, FL 33631

New Principal Place of Business:

1515 N. WESTSHORE BLVD.
TAMPA, FL 33631

Current Mailing Address:

1515 N. WESTSHORE BLVD.
P.O. BOX 31087
TAMPA, FL 33631

New Mailing Address:

1515 N. WESTSHORE BLVD.
TAMPA, FL 33631

FEI Number: 59-0660431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, THOMAS E
1515 N WESTSHORE BLVD
TAMPA, FL 33607 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: VDS () Delete
Name: BAKEWALL, KEVIN W
Address: 12594 92ND WAY N
City-St-Zip: PALM HARBOR, FL 34684

Title: V () Delete
Name: TOMLIN, JOHN A
Address: 18008 CLEAR LAKE DR.
City-St-Zip: LUTZ, FL

Title: P () Delete
Name: O'BRIEN, THOMAS E
Address: 315 INNER HARBOUR CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: VT () Delete
Name: MCKEE, ROBERT A
Address: 2916 CYPRESS RIDGE
City-St-Zip: PALM HARBOR, FL 34684

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BAKEWELL, KEVIN W
Address: 12594 92ND WAY N
City-St-Zip: PALM HARBOR, FL 34684

Title: VP (X) Change () Addition
Name: TOMLIN, JOHN A
Address: 18008 CLEAR LAKE DR.
City-St-Zip: LUTZ, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MCKEE, ROBERT A
Address: 2916 CYPRESS RIDGE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Change (X) Addition
Name: SHARP, ROBERT R
Address: 1515 N. WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33629 US

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: KEVIN W. BAKEWELL

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04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date