## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 189627** 

Entity Name: BROWNING INSURANCE AGENCY, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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1 NORTH MAIN ST. 1 NORTH MAIN ST.

P.O. BOX 818 BROOKSVILLE, FL 34601 US BROOKSVILLE, FL 346050818 US

Current Mailing Address: New Mailing Address:

P.O. BOX 818

BROOKSVILLE, FL 346050818 US

FEI Number: 59-0769144 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BROWNING, MARK E. 1 NORTH MAIN STREET BROOKSVILLE, FL 34601 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:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BROWNING, MARK E.,
 Name:
 BROWNING, MARK E.,

 Address:
 1 N. MAIN STREET
 1 N. MAIN STREET

 City-St-Zip:
 BROOKSVILLE, FL
 City-St-Zip:
 BROOKSVILLE, FL 34601

Title: VTD ( ) Delete Title: VTD (X) Change ( ) Addition

 Name:
 BROWNING, S. SCOTT,
 Name:
 BROWNING, S. SCOTT,

 Address:
 1 N. MAIN STREET
 1 N. MAIN STREET

 City-St-Zip:
 BROOKSVILLE, FL
 City-St-Zip:
 BROOKSVILLE, FL 34601

Title: VSD ( ) Delete Title: VSD (X) Change ( ) Addition

Name: BROWNING, JON THOMAS, Name: BROWNING, JON THOMAS,

Address: 1 N. MAIN STREET Address: 1 N. MAIN STREET

City-St-Zip: BROOKSVILLE, FL City-St-Zip: BROOKSVILLE, FL 34601

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 E BROWNING PD 01/26/2009