

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 243537

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: GEORGE EIDSON AGENCY, INC.

## Current Principal Place of Business:

2807 EDGEWATER DR.  
P.O. BOX 540209  
ORLANDO, FL 32804

## New Principal Place of Business:

2807 EDGEWATER DR.  
ORLANDO, FL 32804

## Current Mailing Address:

2807 EDGEWATER DR.  
P.O. BOX 540209  
ORLANDO, FL 328547209

## New Mailing Address:

P.O. BOX 540209  
ORLANDO, FL 328547209

FEI Number: 59-0915836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COSGROVE, LAURA E  
370 WATERFALL LN  
WINTER PARK, FL 32789 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: DP ( ) Delete  
Name: COSGROVE, LAURA E  
Address: 370 WATERFALL LN  
City-St-Zip: WINTER PARK, FL 32789

Title: CD ( ) Delete  
Name: EIDSON, TEDFORD V  
Address: 1138 OVERBROOK DR  
City-St-Zip: ORLANDO, FL 32804

Title: VPT ( ) Delete  
Name: BRUNEAU, JOHN  
Address: 1412 CARING CT  
City-St-Zip: MAITLAND, FL 32751

Title: DS ( ) Delete  
Name: HOLLER, MARY  
Address: 5062 MATHEWS SIMRILL  
City-St-Zip: ROCK HILL, SC 29732

Title: VP ( ) Delete  
Name: MARIANY, LOUIS J JR  
Address: 500 CLAYTON ST  
City-St-Zip: ORLANDO, FL 32804

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

## 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:

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

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

Title: VP ( ) Change (X) Addition  
Name: PROSSER, CATHERINE J  
Address: 329 SANDPIPER DR  
City-St-Zip: CASSELBERRY, FL 32707

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: LAURA COSGROVE

DP

02/12/2009

Electronic Signature of Signing Officer or Director

Date