

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 286493

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: BELTON INSURANCE AGENCY, INC.

## Current Principal Place of Business:

322 W. MAIN STREET  
TAVARES, FL 32778

## New Principal Place of Business:

405 N. SINCLAIR AVE.  
TAVARES, FL 32778 US

## Current Mailing Address:

322 W. MAIN STREET  
TAVARES, FL 32778

## New Mailing Address:

511 W. MAIN STREET  
TAVARES, FL 32778 US

FEI Number: 59-1085703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELTON, THERESA A  
322 W. MAIN STREET  
TAVARES, FL 32778 US

## Name and Address of New Registered Agent:

BELTON, THERESA A  
511 W. MAIN STREET  
TAVARES, FL 32778 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:

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BELTON, THERESA A  
Address: 1101 MORNINGSIDE DR.  
City-St-Zip: EUSTIS, FL 32726

Title: TD ( ) Delete  
Name: BELTON, FREDERICK C  
Address: 1745 HEIM RD.  
City-St-Zip: MT. DORA, FL 32757

Title: S ( ) Delete  
Name: WEIS, DOROTHY  
Address: 1130 BELMONT CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: BELTON, FREDERICK L  
Address: 701 FAHNSTOCK  
City-St-Zip: EUSTIS, FL 32726

Title: VP ( ) Delete  
Name: BELTON, F. CHRISTOPHER  
Address: 811 RUGBY ST.  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: BELTON, TRACY M  
Address: 1745 HEIM RD.  
City-St-Zip: MT. DORA, FL 32757

## 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: ( ) 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: FREDERICK C. BELTON

T

01/07/2008

Electronic Signature of Signing Officer or Director

Date