2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# 286493

Entity Name: BELTON INSURANCE AGENCY, INC.

Current Principal Place of Business:

405 N. SINCLAIR AVE.
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

511 W. MAIN STREET
TAVARES, FL 32778 US

New Mailing Address:

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
511 W. MAIN STREET
TAVARES, FL 32778 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	( ) 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/D 01/22/2009

Electronic Signature of Signing Officer or Director Date