

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 336404

FILED
Jan 20, 2009
Secretary of State

Entity Name: BONITA SPRINGS INSURANCE AGENCY INC

Current Principal Place of Business:

27665 OLD US 41 ROAD
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220
BONITA SPRINGS, FL 341330220 US

New Mailing Address:

FEI Number: 59-1221871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, WILLIAM D
27665 OLD 41 ROAD
BONITA SPRINGS, FL 34135 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: VD () Delete
Name: ARMSTRONG, DAVID W
Address: 27510 MATHESON AVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: PSTD () Delete
Name: ARMSTRONG, WILLIAM D,
Address: 27510 MATHESON AVE S E
City-St-Zip: BONITA SPRGS, FL 34135

Title: VD () Delete
Name: ARMSTRONG, DOUGLAS J
Address: 2801 28TH ST SW
City-St-Zip: LEHIGH ACRES, FL 33971

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:

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: WILLIAM D ARMSTRONG

PSTD

01/20/2009

Electronic Signature of Signing Officer or Director

Date