

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366203

FILED
Mar 26, 2009
Secretary of State

Entity Name: POLK-MURPHY INSURANCE AGENCY INC

Current Principal Place of Business:

1620 N.PARK AVENUE
P.O.BOX 79
BARTOW, FL 33830

New Principal Place of Business:

1620 NORTH PARK AVENUE
BARTOW, FL 33830

Current Mailing Address:

1620 N.PARK AVENUE
P.O.BOX 79
BARTOW, FL 33830

New Mailing Address:

1620 N.PARK AVENUE
BARTOW, FL 33830

FEI Number: 59-1356549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNBURG, ROSIE POLK
1620 NO PARK AVE
BARTOW, FL 33830 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: P () Delete
Name: MURPHY, TIM
Address: E F GRIFFIN RD
City-St-Zip: BARTOW, FL

Title: S () Delete
Name: MURPHY, COLIN
Address: 239 BIRCH LANE
City-St-Zip: LAKE LAND, FL

Title: V () Delete
Name: THORNBURG, ROSIE POLK
Address: 1005 TRASK LANE
City-St-Zip: BARTOW, FL 33830

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: ROSIE THORNBURG

VP

03/26/2009

Electronic Signature of Signing Officer or Director

Date