# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# 437695

**Entity Name:** FLORIDA SUNCOAST INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

600 BYPASS RD
SUITE 206
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

600 BYPASS DR
SUITE 206
CLEARWATER, FL 33764 US

**Current Mailing Address:**

PO BOX 5227
CLEARWATER, FL 33758 US

**New Mailing Address:**

600 BYPASS DR
SUITE 206
CLEARWATER, FL 33764 US

**FEI Number: 59-1486308** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOSTER, LAWRENCE E.
1372 HERCULES AVE. S.
CLEARWATER, FL 34624 US

**Name and Address of New Registered Agent:**

IVANY, SARA F.
3140 NO. CANAL DRIVE
PALM HARBOR, FL 34684 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: SARA F. IVANY 01/16/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete
Name: FOSTER, LAWRENCE E.,
Address: 1372 HERCULES AVE. S.
City-St-Zip: CLEARWATER, FL

Title: PTD (X) Delete
Name: IVANY, SARA F.,
Address: PO BOX 5227
City-St-Zip: CLEARWATER, FL 33758

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition
Name: IVANY, SARA F.,
Address: 600 BYPASS DRIVE, SUITE 206
City-St-Zip: CLEARWATER, FL 33764

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: SARA F. IVANY PRES 01/16/2009
Electronic Signature of Signing Officer or Director Date