

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 452479

FILED
Jan 07, 2009
Secretary of State

Entity Name: MUTUAL INSURANCE AGENCY AT CLEARWATER, INC.

Current Principal Place of Business:

10 N. MISSOURI AVE.
CLEARWATER, FLL, 33755 US

New Principal Place of Business:

10 N. MISSOURI AVE.
CLEARWATER, FL 33755 US

Current Mailing Address:

P O BOX 1779
CLEARWATER, FL 337571779 US

New Mailing Address:

C/O JOHN GAY
12625 70TH AVE. N.
SEMINOLE, FL 33776 US

FEI Number: 59-1539070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAY, JOHN B. III
12625 70TH AVE N
SEMINOLE, FL 33776 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: GAY, JOHN B III,
Address: 12625 70TH AVE. N.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN B. GAY III

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date