

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 461342

FILED
Apr 22, 2009
Secretary of State

Entity Name: SURETY CORPORATION OF FLORIDA

Current Principal Place of Business:

6654 NW 100TH STREET
OCALA, FL 344821214

New Principal Place of Business:

Current Mailing Address:

6654 NW 100TH STREET
OCALA, FL 344821214

New Mailing Address:

FEI Number: 59-1551179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DWYER DENIS A.
6654 NW 100TH STREET
OCALA, FL 344821214 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: DWYER, DENIS A.
Address: 6654 NW 100TH STREET
City-St-Zip: Ocala, FL 344821214

Title: D () Delete
Name: DWYER, GLORIA
Address: 6654 NW 100TH STREET
City-St-Zip: Ocala, FL 344821214

Title: VD () Delete
Name: DWYER, LAWRENCE T
Address: 9675 NW 28TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: POPICK, DEINSE D
Address: 13485 NW 6TH DR.
City-St-Zip: PLANTATION, FL 33325

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:

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: LAWRENCE T DWYER

VP

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date