# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2007**
**Secretary of State**

DOCUMENT# 466724

**Entity Name:** COMEGYS INSURANCE AGENCY,INC.

**Current Principal Place of Business:**

ONE BEACH DR S.E.
STE 230
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1438
ST PETERSBURG, FL 33731 US

**New Mailing Address:**

**FEI Number: 59-1572322** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BERSET, LINDA C
ONE BEACH DR S.E.
STE 230
ST.PETERSBURG, FL 33701 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: CEO ( ) Delete
Name: BERSET, MARK S
Address: 1050 FRIENDLY WAY S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: PD ( ) Delete
Name: BERSET, LINDA C
Address: 1050 FRIENDLY WAY S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SEC ( ) Delete
Name: BERSET, LINDA C
Address: 1050 FRIENDLY WAY S
City-St-Zip: SAINT PETERSBURG, FL 33705

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: BERSET, MARK S
Address: 1050 FRIENDLY WAY S
City-St-Zip: SAINT PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA C BERSET PD 02/02/2007

Electronic Signature of Signing Officer or Director Date