2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 468857

Entity Name: DEAKINS-CARROLL INSURANCE AGENCY, INC.

Current Principal Place of Business:

5600 S. FED. HWY
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1597
PORT SALERNO, FL 34992 US

New Mailing Address:

FEI Number: 59-1579049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAKINS, DAVID
5600 S. FEDERAL HIGHWAY
STUART, FL 33497 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:	DEAKINS, DAVID	
Address:	4520 SE BAYSHORE TERR	
City-St-Zip:	STUART, FL 34997	
Title:	ST	( ) Delete
Name:	DEAKINS, MELBA C	
Address:	4520 SE BAYSHORE TERR	
City-St-Zip:	STUART, FL 34997	
Title:	VP	( ) Delete
Name:	DEAKINS, DONNA,	
Address:	4520 SE BAYSHORE TERR	
City-St-Zip:	STUART, FL 34997	
Title:	VP	( ) Delete
Name:	CARROLL, DELOS LEE,	
Address:	1050 NE TOWN TERRACE	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	VP	( ) Delete
Name:	BRODERICK, MISTY	
Address:	2290 SW GOLDEN BEAR WAY	
City-St-Zip:	PALM CITY, FL 34990	

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:	
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: DAVID DEAKINS PRES 01/05/2009

Electronic Signature of Signing Officer or Director Date