2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# 628875

Entity Name: EVERETT NOLTE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1214 OAKFIELD DRIVE
BRANDON, FL 335099027

New Principal Place of Business:

Current Mailing Address:

1214 OAKFIELD DRIVE
P.O.BOX 2027
BRANDON, FL 335099027

New Mailing Address:

PO BOX 2027
BRANDON, FL 335099027

FEI Number: 59-1923135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLTE, EVERETT E
1214 OAKFIELD DRIVE
BRANDON, FL 33511 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: NOLTE, EVERETT E.,
Address: 1214 OAKFIELD DR.
City-St-Zip: BRANDON, FL

Title: VP ( ) Delete
Name: NOLTE, CHADWICK E
Address: 1214 OAKFIELD DR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EVERETT E. NOLTE PRES 01/17/2009
Electronic Signature of Signing Officer or Director — Date