

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 658825

FILED
Feb 18, 2009
Secretary of State

Entity Name: FAIRCHILD, ADDISON & MCKONE INSURANCE, INC.

Current Principal Place of Business:

10218 WOODBERRY ROAD
SUITE B
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

PO BOX 1030
BRANDON, FL 33509

New Mailing Address:

FEI Number: 59-1976079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAIRCHILD, FRANK JAMES
5305 ROBERTA LANE
TAMPA, FL 33617 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: C () Delete
Name: FAIRCHILD, FRANK JAM, ES
Address: 5305 ROBERTA LANE
City-St-Zip: TAMPA, FL 33617

Title: VSD () Delete
Name: MCKONE, ELIZABETH,
Address: 7224 HANCOCK STREET
City-St-Zip: RIVERVIEW, FL 33569

Title: PTD () Delete
Name: FAIRCHILD, DONNA KAY
Address: 5305 ROBERTA LANE
City-St-Zip: TAMPA, FL 33617

Title: V () Delete
Name: ADDISON, LAURA
Address: 9509 ALICE LN
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change () Addition
Name: MCKONE, ELIZABETH,
Address: 7224 HANCOCK STREET
City-St-Zip: RIVERVIEW, FL 33578

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: ELIZABETH MCKONE

VP

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date