

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005234

FILED
Jan 15, 2009
Secretary of State

Entity Name: STEADMAN INSURANCE AGENCY, INC.

Current Principal Place of Business:

4391 COLONIAL BLVD
121
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

10255 BISMARCK PALM WAY, UNIT 1321
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 36-4369178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEADMAN, ROSEMARY V
10255 BISMARCK PALM WAY, UNIT 1321
FORT MYERS, FL 33966 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: DPS () Delete
Name: STEADMAN, ROSEMARY V
Address: 10255 BISMARCK PALM WAY, UNIT 1321
City-St-Zip: FORT MYERS, FL 33966

Title: DVT () Delete
Name: STEADMAN, DAVID W
Address: 10255 BISMARCK PALM WAY, UNIT 1321
City-St-Zip: FORT MYERS, FL 33966

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: ROSEMARY V. STEADMAN

DPS

01/15/2009

Electronic Signature of Signing Officer or Director

Date