

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004101

Entity Name: BLACK HILLS AGENCY, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

820 ST. JOSEPH ST.
RAPID CITY, SD 57701

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3330
RAPID CITY, FL 57709

New Mailing Address:

FEI Number: 46-0221580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301 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: P () Delete
Name: MAGUIRE, KELLY G
Address: 820 ST. JOSEPH ST.
City-St-Zip: RAPID CITY, SD 57701

Title: DT () Delete
Name: MAGUIRE, KEVIN
Address: 820 ST. JOSEPH ST.
City-St-Zip: RAPID CITY, SD 57701

Title: V () Delete
Name: MAGUIRE, MICHAEL
Address: 820 ST. JOSEPH ST.
City-St-Zip: RAPID CITY, SD 57701

Title: S () Delete
Name: FEES, SUZANNE
Address: 820 ST. JOSEPH ST.
City-St-Zip: RAPID CITY, SD 57701

Title: D () Delete
Name: RANDALL, KATHERINE
Address: 820 ST. JOSEPH ST.
City-St-Zip: RAPID CITY, SD 57701

Title: () Delete
Name:
Address:
City-St-Zip:

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: DT (X) Change () Addition
Name: RANDALL, KATHERINE
Address: 820 ST. JOSEPH ST.
City-St-Zip: RAPID CITY, SD 57701

Title: T () Change (X) Addition
Name: MAGUIRE, DANIEL
Address: 820 ST. JOSEPH ST.
City-St-Zip: RAPID CITY, SD 57701

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: MICHAEL MAGUIRE

V

01/22/2009

Electronic Signature of Signing Officer or Director

Date