

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000184

FILED  
May 27, 2010  
Secretary of State

**Entity Name:** AGENTS INSURANCE SERVICE OF OHIO, INC.

**Current Principal Place of Business:**

10390 WASHINGTON PALM WAY #4436  
FT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

6900-20 DANIELS PKWY SUITE 347  
FT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 34-1097394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRISON, TERRENCE  
6900-29 DANIELS PKWY  
SUITE 347  
FT MYERS, FL 33912 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: MORRISON, TERRENCE  
Address: 10390 WASHINGTON PALM WAY #4436  
City-St-Zip: FT MYERS, FL 33912

Title: VPT  
Name: MORRISON, LYNN  
Address: 10390 WASHINGTON PALM WAY #4436  
City-St-Zip: FT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: LYNN D. MORRISON

VPT

05/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date