

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39258

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: YEOMANS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

240 S BRIDGE ST  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 400  
LA BELLE, FL 33975 US

**New Mailing Address:**

FEI Number: 59-2096721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YEOMANS, SUSAN J  
1890 FT DENAUD RD  
LA BELLE, FL 33975 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: ST  
Name: YEOMANS, SUSAN  
Address: FT. DENAUD RD., P.O. BOX 1304  
City-St-Zip: LA BELLE, FLORIDA 00000,

Title: DP  
Name: YEOMANS, SUSAN  
Address: FT. DENAUD RD., P.O. BOX 1304  
City-St-Zip: LA BELLE, FLORIDA 00000,

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: SUSAN J YEOMANS

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date