

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005291

FILED
Apr 14, 2009
Secretary of State

Entity Name: BAY WEST INSURANCE AGENCY, INC.

Current Principal Place of Business:

7901 4TH STREET NORTH
STE 220
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

7901 4TH STREET NORTH
STE 220
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 35-1903725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALKAN, THOMAS J
7901 4TH ST N
SUITE 200
ST PETERSBURG, FL 33702 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: CD () Delete
Name: WALL, KARL J
Address: 700 1ST AVE SOUTH
City-St-Zip: TIERRA VERDE, FL 33715

Title: PTD () Delete
Name: MCNALLY, JOSEPH W
Address: 830 PINELLAS BAY WAY S
City-St-Zip: TIERRA VERDE, FL 33715

Title: VD () Delete
Name: READ, WAYNE
Address: 10901 BRIGHTON BAY BLVD
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VD () Delete
Name: REINKING, LINDA L
Address: 2218 BIRCHBARK TRAIL
City-St-Zip: CLEARWATER, FL 34623

Title: VS () Delete
Name: BALKAN, THOMAS J
Address: 7233 DANBURY WAY
City-St-Zip: CLEARWATER, FL 33764

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: () 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: JOSEPH W. MCNALLY

PTD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date