

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005291

FILED  
Apr 19, 2010  
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  
Name: WALL, KARL J  
Address: 700 1ST AVE SOUTH  
City-St-Zip: TIERRA VERDE, FL 33715

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

Title: VD  
Name: READ, WAYNE  
Address: 3732 BRAMBLEWOOD COURT  
City-St-Zip: LAND O'LAKES, FL 33716

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

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

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: JOSEPH W. MCNALLY

PTD

04/19/2010

Electronic Signature of Signing Officer or Director

Date