

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004176

FILED
Feb 06, 2009
Secretary of State

Entity Name: PRIMARY SOURCE INSURANCE AGENCY, INC.

Current Principal Place of Business:

121 EAST PARK SQUARE
OWATONNA, MN 55060

New Principal Place of Business:

Current Mailing Address:

121 EAST PARK SQUARE
OWATONNA, MN 55060

New Mailing Address:

FEI Number: 41-6041104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, DANIEL T
4301 ANCHOR PLAZA PKWY., STE. 350
TAMPA, FL 33634 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: D () Delete
Name: FETTERS, JEFFREY
Address: 1185 RIDGE ROAD NE
City-St-Zip: OWATONNA, MN 55060

Title: CP () Delete
Name: ANNEXSTAD, AL
Address: 5325 ELMRIDGE CIRCLE
City-St-Zip: EXCELSIOR, MN 55331

Title: SVD () Delete
Name: LEWIS, DANIEL A
Address: 11067 BRANCHING HORN
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: T () Delete
Name: STAWARZ, RAY
Address: 70 OAK VIEW PLACE
City-St-Zip: OWATONNA, MN 55060

Title: V () Delete
Name: RAMSEY, DAVID W
Address: 550 CRESTVIEW LANE
City-St-Zip: OWATONNA, MN 55060

Title: D () Delete
Name: STROIK, GREGORY J
Address: 918 ST. ANDREWS PL.
City-St-Zip: OWATONNA, MN 55060

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: T (X) Change () Addition
Name: KELLER, MICHAEL N
Address: 1745 DENMARK PLACE NE
City-St-Zip: OWATONNA, MN 55060

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: MICHAEL N KELLER

TREA

02/06/2009

Electronic Signature of Signing Officer or Director

Date