

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46709

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: GLENN E. MCCALLISTER AGENCY, INC.

## Current Principal Place of Business:

2555 N. COURTENAY PKWY  
UNIT 28  
MERRITT ISLAND, FL 32953 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 540277  
MERRITT ISLAND, FL 32954 US

## New Mailing Address:

2555 N. COURTENAY PKWY  
UNIT 28  
MERRITT ISLAND, FL 32953 US

FEI Number: 59-2316402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCALLISTER, GLENN E.  
2555 N. COURTENAY PKWY  
UNIT 28  
MERRITT ISLAND, FL 32953 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: MCCALLISTER, GLENN E. .  
Address: 1409 GLENEAGLES CIRCLE  
City-St-Zip: ROCKRIDGE, FL 32955

Title: VP ( ) Delete  
Name: MCCALLISTER, BERNICE, S.  
Address: 1409 GLENEAGLES CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955,

Title: P ( ) Delete  
Name: MCCALLISTER, GLENN E. , JR  
Address: 4811 HORTON ST.  
City-St-Zip: COCOA, FL

## 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:

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: GLENN E. MCCALLISTER, JR.

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date