

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J23809

FILED
Jan 08, 2009
Secretary of State

Entity Name: MATTHEW F. CARLUCCI INSURANCE AGENCY, INC.

Current Principal Place of Business:

% MATTHEW F. CARLUCCI
3621 HENDRICKS DR
JACKSONVILLE, FL 32207

New Principal Place of Business:

% MATTHEW F. CARLUCCI
3707 HENDRICKS DR
JACKSONVILLE, FL 32207

Current Mailing Address:

% MATTHEW F. CARLUCCI
3621 HENDRICKS DR
JACKSONVILLE, FL 32207

New Mailing Address:

% MATTHEW F. CARLUCCI
3707 HENDRICKS DR
JACKSONVILLE, FL 32207

FEI Number: 59-2694521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLUCCI, MATTHEW F.
1532 ALEXANDER PL S
JACKSONVILLE, FL 32207 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: PST () Delete
Name: CARLUCCI, MATTHEW F.,
Address: 4251 GREAT OAKS LANE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: CARLUCCI, MATTHEW F.,
Address: 4251 GREAT OAKS LANE
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: CARLUCCI, KAREN LEE,
Address: 4251 GREAT OAKS LANE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CARLUCCI, MATTHEW F.,
Address: 1532 ALEXANDER PL S
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: CARLUCCI, MATTHEW F.,
Address: 1532 ALEXANDER PL S
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD (X) Change () Addition
Name: CARLUCCI, KAREN LEE,
Address: 1532 ALEXANDER PL S
City-St-Zip: JACKSONVILLE, FL 32207

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: MATTHEW F. CARLUCCI

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date