

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K58601

FILED
Apr 14, 2009
Secretary of State

Entity Name: DEERWOOD INSURANCE AGENCY, INC.

Current Principal Place of Business:

4001 LORETTO RD.
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

5939 TAVERNIER STREET
JACKSONVILLE, FL 32258 US

Current Mailing Address:

4001 LORETTO RD.
JACKSONVILLE, FL 32223 US

New Mailing Address:

5939 TAVERNIER STREET
JACKSONVILLE, FL 32258 US

FEI Number: 59-2923858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMPSEY, DIANA M
4001 LORETTO RD.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

DEMPSEY, DIANA M
5939 TAVERNIER STREET
JACKSONVILLE, FL 32258 US

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: DIANA M. DEMPSEY

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEMPSEY, DIANA M.
Address: 4001 LORETTO RD.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEMPSEY, DIANA M.
Address: 5939 TAVERNIER STREET
City-St-Zip: JACKSONVILLE, FL 32258

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: DIANA M. DEMPSEY

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date