

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18343

FILED
Mar 21, 2009
Secretary of State

Entity Name: MANNING INSURANCE AGENCY, INC.

Current Principal Place of Business:

8044 MONTGOMERY ROAD
SUITE 565
CINCINNATI, OH 45236 US

New Principal Place of Business:

Current Mailing Address:

8044 MONTGOMERY ROAD
SUITE 565
CINCINNATI, OH 45236 US

New Mailing Address:

FEI Number: 65-0148118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALD D. WILSON
9500 DADELAND TOWERS
SUITE 700
MIAMI, FL 33156 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: PVT () Delete
Name: MANNING, STEVEN L.,
Address: 8044 MONTGOMERY RD, #565
City-St-Zip: CINCINNATI, OH 45236

Title: S () Delete
Name: MANNING, LORRI
Address: 8044 MONTGOMERY RD #565
City-St-Zip: CINCINNATI, OH 48236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEVE MANNING

PVT

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date