2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2010
Secretary of State

DOCUMENT# L57774

Entity Name: SALE INSURANCE AGENCY, INC.

Current Principal Place of Business:

C/O HAROLD A. SALE
309 S. TENNESSEE AVENUE
LAKELAND, FL 338014617

New Principal Place of Business:

C/O ROBERT H. SALE
309 S. TENNESSEE AVENUE
LAKELAND, FL 338014617 US

Current Mailing Address:

P O BOX 1
309 S. TENNESSEE AVENUE
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-2994812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALE, HAROLD A.
309 S. TENNESSEE AVENUE
LAKELAND, FL 33802 US

Name and Address of New Registered Agent:

SALE, ROBERT H OWNER
309 S. TENNESSEE AVENUE
LAKELAND, FL 33801 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: ROBERT H. SALE 02/11/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: SALE, HAROLD A
Address: 309 S. TENNESSEE AVENUE
City-St-Zip: LAKELAND, FL

Title: D
Name: SALE, HAROLD A JR
Address: 309 S. TENNESSEE AVE.
City-St-Zip: LAKELAND, FL 33801

Title: D
Name: SALE, ROBERT H
Address: 309 S. TENNESSEE AVENUE
City-St-Zip: LAKELAND, FL 33801

I hereby 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 all other like empowered.

SIGNATURE: ROBERT H. SALE D 02/11/2010
Electronic Signature of Signing Officer or Director Date