# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# L63642

**Entity Name:** ALLEY, REHBAUM & CAPES ASSURANCE, INC.

**Current Principal Place of Business:**

2433 GULF TO BAY BLVD
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4620
CLEARWATER, FL 33758 US

**New Mailing Address:**

**FEI Number: 59-3010095** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLETCHER, CYNTHIA W
2433 GULF TO BAY BLVD
CLEARWATER, FL 33765 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: COOD ( ) Delete
Name: FLETCHER, CYNTHIA W
Address: 11000 GULF BLVD #1504
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: PSTD ( ) Delete
Name: HOOD, KRISTEN W
Address: 2293 BEVERLY LANE
City-St-Zip: CLEARWATER, FL 33764 US

Title: V ( ) Delete
Name: GLORIOSO, VICKIE S
Address: 1558 PENNSYLVANIA AVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: V ( ) Delete
Name: BLANCHARD, GEORGE
Address: 1600 BELLROSE DR.
City-St-Zip: CLEARWATER, FL 33756

Title: V ( ) Delete
Name: PARENTI, JAMES S
Address: 210 SOUTH STREET
City-St-Zip: PALM HARBOR, FL 34683 US

Title: SR V ( ) Delete
Name: SIY, VINCENT I
Address: 1634 50TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33714 US

**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:

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: KRISTEN WATERS HOOD PRES 01/16/2009

Electronic Signature of Signing Officer or Director Date