

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97354

FILED
Jan 05, 2009
Secretary of State

Entity Name: ARMSTRONG AND BOSH INSURANCE AGENCY INC.

Current Principal Place of Business:

5454 NORMANDY BLVD
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

5454 NORMANDY BLVD.
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3034798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSH, STEVEN E
5454 NORMANDY BLVD
JACKSONVILLE, FL 32205 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: 1VP () Delete
Name: BOSH, CECILE JOAN,
Address: 2579 PARRISH CEMETARY RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: P () Delete
Name: BOSH, STEVEN E
Address: 2579 PARRIH CEMETARY RD.
City-St-Zip: JACKSONVILLE, FL 32221

Title: 2VP () Delete
Name: BURGSTINER, OPAL
Address: 8514 MANNING CEMETARY RD.
City-St-Zip: JACKSONVILLE, FL 32234

Title: S () Delete
Name: COCCO, ROBBIE L
Address: 10653 GRAYSON COURT
City-St-Zip: JACKSONVILLE, FL 32220

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:

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: STEVEN E BOSH

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date