

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M79419

FILED
Jun 22, 2009
Secretary of State

Entity Name: KATHY NAPIER INSURANCE AGENCY, INC.

Current Principal Place of Business:

1308 E NORMANDY BLVD
DELTONA, FL 32725 US

New Principal Place of Business:

1308 E NORMANDY BLVD
SUITE A
DELTONA, FL 32725 US

Current Mailing Address:

1308 E NORMANDY BLVD
DELTONA, FL 32725 US

New Mailing Address:

1308 E NORMANDY BLVD
SUITE A
DELTONA, FL 32725 US

FEI Number: 59-2927681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NAPIER, KATHRYN
1308 E NORMANDY BLVD
SUITE 1
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

NAPIER, KATHRYN B AGENT
1308 E NORMANDY BLVD
SUITE A
DELTONA, FL 32725 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: KATHRYN B. NAPIER

06/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAPIER, KATHRYN
Address: 1475 VOLTAIRE
City-St-Zip: DELTONA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NAPIER, KATHRYN B PRES
Address: 1475 VOLTAIRE
City-St-Zip: DELTONA, FL 32725 US

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: KATHRYN B. NAPIER

PD

06/22/2009

Electronic Signature of Signing Officer or Director

Date