

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011922

FILED
Jan 15, 2010
Secretary of State

Entity Name: BUSHONG INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

816 HIGHWAY A1A NORTH
SUITE 206
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1399
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: 59-3622236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSHONG, CHARLES R PRES
816 HIGHWAY A1A ,NORTH,
SUITE 206
PONTE VEDRA BEACH, FL 32082 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: DP
Name: BUSHONG, CHARLES R PRES
Address: 816 N HIGHWAY A1A, SUITE 206
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VD
Name: BUSHONG, MELISSA V VP
Address: 816 N HIGHWAY A1A, SUITE 206
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP
Name: LETO, FAYE M VP
Address: 816 A1A N STE 206
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP
Name: BOSTON, CHRIS VP
Address: 816 A1A N STE 206
City-St-Zip: PONTE VEDRA BEACH, FL 32042

Title: S
Name: LETO, FAYE
Address: 816 HIGHWAY A1A NORTH, SUITE 206
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: FAYE LETO

VP

01/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date