

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018572

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** SUSAN J. FAHS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

14421 METROPOLIS AVE.  
# 105  
FT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

14421 METROPOLIS AVE.  
# 105  
FT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 65-0983918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAHS, STEVE  
14421 METROPOLIS AVE.  
# 105  
FT MYERS, FL 33912 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: PRES ( ) Delete  
Name: FAHS, SUSAN  
Address: 14421 METROPOLIS AVE., # 105  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** SUSAN J FAHS

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date