

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065734

FILED
Apr 02, 2009
Secretary of State

Entity Name: HARVEY INSURANCE AGENCY, INC.

Current Principal Place of Business:

105 COUNTY ROAD 315 SOUTH
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1854
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 59-3654382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYSER, TIMOTHY
501 ATLANTIC AVENUE
INTERLACHEN, FL 32148 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: PD () Delete
Name: HARVEY, LAWRENCE
Address: P.O. BOX 1854
City-St-Zip: INTERLACHEN, FL 32148

Title: S () Delete
Name: HARVEY, LYNDIA R
Address: 111 SASSO DRIVE
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LARRY HARVEY

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date