

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114822

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: CONCORD COMMERCIAL INSURANCE AGENCY, INC.

## Current Principal Place of Business:

6025 TAYLOR ROAD, UNIT 3  
PUNTA GORDA, FL 33950

## New Principal Place of Business:

6640 TAYLOR ROAD, UNIT 111  
PUNTA GORDA, FL 33950

## Current Mailing Address:

6025 TAYLOR ROAD, UNIT 3  
PUNTA GORDA, FL 33950

## New Mailing Address:

6640 TAYLOR ROAD, UNIT 111  
PUNTA GORDA, FL 33950

FEI Number: 65-1061462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, ROBERT H  
25120 HARBORSIDE BLVD.  
PUNTA GORDA, FL 33955 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: PR,D ( ) Delete  
Name: WILSON, ROBERT H  
Address: 6025 TAYLOR ROAD, UNIT 3  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP,D ( ) Delete  
Name: WILSON, TYLER O  
Address: 6025 TAYLOR ROAD, UNIT 3  
City-St-Zip: PUNTA GORDA, FL 33950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR,D (X) Change ( ) Addition  
Name: WILSON, ROBERT H  
Address: 6640 TAYLOR ROAD, UNIT 111  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP,D (X) Change ( ) Addition  
Name: WILSON, TYLER O  
Address: 6640 TAYLOR ROAD, UNIT 111  
City-St-Zip: PUNTA GORDA, FL 33950

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: ROBERT H WILSON

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04/07/2009

Electronic Signature of Signing Officer or Director

Date