

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004309

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PORIER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1016 CLEMONS STREET  
#404  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

1016 CLEMONS STREET  
#404  
JUPITER, FL 33477

**New Mailing Address:**

FEI Number: 65-1069214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WHITE, CHARLES R  
941 N HWY A1A  
JUPITER, FL 33477      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: SPINK, DONALD W  
Address: 149 KEY LANE  
City-St-Zip: JUPITER, FL 33477

Title: VP ( ) Delete  
Name: BARNETT, MIKE  
Address: PMB 140 P.O. BOX 1749  
City-St-Zip: BIG BEAR LAKE, CA 92315

**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: DONALD W. SPINK

PD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date