2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P01000008720

Entity Name: MIKE BELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

4745 SUTTON PARK CT.
#804
JACKSONVILLE, FL 32224

New Principal Place of Business:

13529 BEACH BLVD
STE 102C
JACKSONVILLE, FL 32224

Current Mailing Address:

4745 SUTTON PARK CT.
#804
JACKSONVILLE, FL 32224

New Mailing Address:

13529 BEACH BLVD
STE 102C
JACKSONVILLE, FL 32224

FEI Number: 59-3696222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, MIKE PRES
4745 SUTTON PARK CT.
804
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

BELL, MICHAEL S PRES
13833 WINDJAMMER LANE
JACKSONVILLE, FL 32224 US

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: MICHAEL S BELL 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: BELL, MIKE
Address: 4745 SUTTON PARK COURT #804
City-St-Zip: JACKSONVILLE, FL 32224

Title: VS ( ) Delete
Name: BELL, CHRISTINE
Address: 4745 SUTTON PARK COURT #804
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: BELL, MICHAEL S
Address: 13833 WINDJAMMER LANE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VS (X) Change ( ) Addition
Name: BELL, CHRISTINE D
Address: 13833 WINDJAMMER LANE
City-St-Zip: JACKSONVILLE, FL 32224

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: MICHAEL S BELL PRES 04/30/2009
Electronic Signature of Signing Officer or Director Date