

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044515

FILED
Mar 07, 2009
Secretary of State

Entity Name: VIRGINIA BUNDE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2803 EAST CERVANTES
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

2803 EAST CERVANTES
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3718051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUNDE, VIRGINIA
2803 EAST CERVANTES
PENSACOLA, FL 32503 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: DPST () Delete
Name: BUNDE, VIRGINIA
Address: 2803 EAST CERVANTES
City-St-Zip: PENSACOLA, FL 32503

Title: DVP () Delete
Name: BUNDE, GARY
Address: 8237 LYRIC DR
City-St-Zip: PENSACOLA, FL 32514

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: VIRGINIA BUNDE

PRES

03/07/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date