## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000034284

Entity Name: A SMITH INSURANCE AGENCY, INC

**FILED** May 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4909 S WESTSHORE BLVD TAMPA, FL 33611

**Current Mailing Address: New Mailing Address:** 

4909 S WESTSHORE BLVD TAMPA, FL 33611

FEI Number: 01-0641089 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SMITH, AMANDA SMITH, AMANDA PRES 4909 S WESTSHORE BLVD 4909 S WESTSHORE BLVD TAMPA, FL 33611 TAMPA, FL 33611

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: AMANDA SMITH 05/05/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change ( ) Addition

SMITH, AMANDA SMITH, AMANDA PRES Name: Name: 4909 S WESTSHORE BLVD Address: 4909 S WESTSHORE BLVD Address:

City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

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: AMANDA SMITH **PRES** 05/05/2009