

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053159

FILED
Apr 30, 2009
Secretary of State

Entity Name: BUSINESS ASSURANCE AGENCY, INC.

Current Principal Place of Business:

1720 EL JOBEAN RD
SUITE 202
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 37-1429179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMARCA, MICHAEL
1720 EL JOBEAN RD
PORT CHARLOTTE, FL 33948 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: DVT () Delete
Name: LAMARCA, MICHELLE
Address: 2358 CHILCOTE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: V () Delete
Name: LAMARCA, MICHAEL
Address: 2358 CHILCOTE TERR
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: P () Delete
Name: NOLAN, JOHN
Address: 2782 ROYAL PALM DRIVE
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change () Addition
Name: LAMARCA, MICHELLE
Address: 2358 CHILCOTE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: NOLAN, JOHN
Address: 1238 FISHTAIL PALM COURT
City-St-Zip: NORTH PORT, FL 34288

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: JOHN D. NOLAN

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date