## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000095024

Entity Name: BATTAGLIA INSURANCE GROUP, INC.

**FILED** May 18, 2009 Secretary of State

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

13115 SPING HILL BLVD 690 3RD AVE NE

SPRING HILL BLVD, FL 34609 CRYSTAL RIVER, FL 34428

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

PO BOX 9637

TREASURE ISLAND, FL 33740

FEI Number: 05-0536757 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:

BATTAGLIA, BRENDA L BATTAGLIA, BRENDA L 13115 SPRING HILL DR 690 NE 3 RĎ AVE

SPRING HILL, FL 34609 US CRYSTAL RIVER, FL 34428 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: 05/18/2009

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

BATTAGLIA, BRENDA L BATTAGLIA, BRENDA L Name: Name: 13115 SPRING HILL DR 690 NE 3 RD AVE Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: CRYSTAL RIVER, FL 34428

Title: () Delete Title: SEC (X) Change ( ) Addition Name: BATTAGLIA, BRENDA L Name: BATTAGLIA, BRENDA L

13115 SPRING HILL DR 690 NE 3 RD AVE Address: Address:

SPRING HILL, FL 34609 CRYSTAL RIVER, FL 34428 City-St-Zip: City-St-Zip:

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

BATTAGLIA, BRENDA L Name: BATTAGLIA, BRENDA L Name: 13115 SPRING HILL 690 NE 3 RD AVE Address: Address:

City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: CRYSTAL RIVER, FL 34428

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: BRENDA L. BATTAGLIA **PRES** 05/18/2009