2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121107

Title:

Name:

Address:

City-St-Zip:

SEC

() Delete

4800 RIVER GREEN PARKWAY

STRICKLAND, REGINALD

DULUTH, GA 30096 US

Entity Name: STRICKLAND GENERAL AGENCY OF FL, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2963 GULF TO BAY BLVD. SUITE 320 CLEARWATER, FL 33759 US	15950 BAY VISTA DRIVE SUITE 235 CLEARWATER, FL 33760 US
Current Mailing Address:	New Mailing Address:
P O BOX 4084 DULUTH, GA 30096 US	
FEI Number: 30-0128373 FEI Number Applied For () FEI Number	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
WEISS, DAVID J 2101 NORTHWEST CORPORATE BLVD. SUITE 104 BOCA RATON, FL 33431 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:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: STRICKLAND, NEIL H Address: 4800 RIVER GREEN PARKWAY City-St-Zip: DULUTH, GA 30096 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: VP () Delete Name: STRICKLAND, REGINALD Address: 4800 RIVER GREEN PARKWAY City-St-Zip: DULUTH, GA 30096 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: TREA () Delete Name: STRICKLAND, NEIL H Address: 4800 RIVER GREEN PARKWAY City-St-Zip: DULUTH, GA 30096 US	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NEIL STRICKLAND PRES 03/23/2009

() Change () Addition