

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030573

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** MARION FAZIO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

900 LINTON BLVD SUITE 104  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

900 LINTON BLVD SUITE 104  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 02-0682981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRUDEN, JAMES L ESQ.  
980 NORTH FEDERAL HWY  
STE 404  
BOCA RATON, FL 33432 US

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

PRUDEN, JAMES L ESQ.  
900 NORTH FEDERAL HWY  
STE 410  
BOCA RATON, FL 33432 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

01/08/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FAZIO, MARION  
Address: 900 LINTON BLVD SUITE 104  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby 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 all other like empowered.

SIGNATURE: MARION FAZIO

PRES

01/08/2010

Electronic Signature of Signing Officer or Director

Date