2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P03000116316

Entity Name: SWINSON INSURANCE AGENCY, INC.

Current Principal Place of Business:

4561 OKEECHOBEE BLVD
SUITE 1
W PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

8235 FOREGO ROAD
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 02-0711373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWINSON, MALLORY A
4561 OKEECHOBEE BLVD
SUITE 1
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

SWINSON, MALLORY A P
4561 OKEECHOBEE BLVD
SUITE 1
WEST PALM BEACH, FL 33417 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: ED SWINSON 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: SWINSON, MALLORY A
Address: 8235 FOREGO ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D,VP ( ) Delete
Name: SWINSON, EDWARD S
Address: 8235 FOREGO ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: SWINSON, DANIEL J
Address: 852 WINDERMERE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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.

SIGNATURE: ED SWINSON VP 04/15/2009
Electronic Signature of Signing Officer or Director Date