

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127295

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: MARK ANDREWS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2027 US 27 S  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

2027 US 27 S  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 65-1210337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREWS, MARK  
2027 US 27 S  
SEBRING, FL 33870 US

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

ANDREWS, JASON  
2027 US 27 S  
SEBRING, FL 33870 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: JASON ANDREWS

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANDREWS, MARK  
Address: 2027 US 27 S  
City-St-Zip: SEBRING, FL 33870

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D ( ) Change (X) Addition  
Name: ANDREWS, JASON L  
Address: 2027 US 27 S  
City-St-Zip: SEBRING, FL 33870

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: JASON ANDREWS

OWN

01/26/2009

Electronic Signature of Signing Officer or Director

Date