

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029673

Entity Name: CITY INSURANCE AGENCY, INC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

2929 N UNIVERSITY DR, STE 107
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2929 N UNIVERSITY DR, STE 107
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 14-1903494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAN, DAVID
1090 NW 117 AVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: CHAN, DAVID
Address: 1090 NW 117 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: GLICK, ANITA
Address: 8107 NW 27TH ST # 2
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANITA GLICK

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date