2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# P04000089119

Entity Name: TOWNSENDS INSURANCE GROUP, INC.

Current Principal Place of Business:

301 E PINE ST
STE 800
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P O BOX 4129
APOPKA, FL 32704

New Mailing Address:

FEI Number: 20-1280878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, RHONDA
3650 CUMBRIA CT
APOPKA, FL 32712 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: TOWNSEND, RHONDA
Address: 3650 CUMBRIA COURT
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete
Name: TOWNSEND, CRAIG
Address: 3650 CUMBRIA COURT
City-St-Zip: APOPKA, FL 32703

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: RHONDA TOWNSEND OFFI 03/08/2009

Electronic Signature of Signing Officer or Director Date