

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096455

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BUD FARRAR INSURANCE AGENCY INC.

## Current Principal Place of Business:

110 S. COURTENAY PKWY  
SUITE1  
MERRITT ISLAND, FL 32952

## New Principal Place of Business:

## Current Mailing Address:

110 S COURTENAY PKWY  
SUITE1  
MERRITT ISLAND, FL 32922

## New Mailing Address:

110 S. COURTENAY PKWY  
SUITE1  
MERRITT ISLAND, FL 32952

FEI Number: 20-1528712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARRAR, ROBERT  
110 S COURTENAY PKWY  
SUITE 1  
MERRITT ISLAND, FL 32952 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: PRES ( ) Delete  
Name: FARRAR, ROBERT G  
Address: 21 RIVERSIDE DR #702  
City-St-Zip: COCOA, FL 32922

Title: TS ( ) Delete  
Name: FARRAR, DEBRA O  
Address: 21 RIVERSIDE DR, #702  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: EVANS, JACQUELINE M  
Address: 108 BATH CIRCLE  
City-St-Zip: WASHINGTON, NC 27889

Title: D ( ) Delete  
Name: FARRAR, JONATHON M  
Address: 9170 CHAPELWOOD DRIVE  
City-St-Zip: ALPHARETTA, GA 30022

## 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:

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: DEBRA O FARRAR

TS

04/22/2009

Electronic Signature of Signing Officer or Director

Date