2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 08, 2009
Secretary of State

DOCUMENT# P04000096455

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 32952

New Mailing Address:

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

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 0
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 (X) 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: D (X) Change ( ) Addition
Name: FARRAR, JONATHON M
Address: 9170 CHAPELWOOD DRIVE
City-St-Zip: ALPHARETTA, GA 30022

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: ROBERT G FARRAR PRES 06/08/2009

Electronic Signature of Signing Officer or Director — Date