

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000052

FILED
Feb 13, 2010
Secretary of State

Entity Name: AL HARGROVE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2620 W. TENNESSEE ST., STE. 5
TALLAHASSEE, FL 323042568

New Principal Place of Business:

Current Mailing Address:

2620 W. TENNESSEE ST., STE. 5
TALLAHASSEE, FL 323042568

New Mailing Address:

FEI Number: 75-3178145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARGROVE, ALTON D
2620 W. TENNESSEE ST., STE. 5
TALLAHASSEE, FL 323042568 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
Name: HARGROVE, ALTON D
Address: 2620 W. TENNESSEE ST., STE. 5
City-St-Zip: TALLAHASSEE, FL 32304 25

Title: VP
Name: HARGROVE, LINDA
Address: 2620 W. TENNESSEE ST., STE. 5
City-St-Zip: TALLAHASSEE, FL 32304 25

I hereby 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 all other like empowered.

SIGNATURE: ALTON D. HARGROVE

PRES

02/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date