2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P05000041054

Entity Name: FLORIDIAN AUTO INSURANCE AGENCY, INC.

Current Principal Place of Business:

4392 PALM BEACH BLVD
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

4392 PALM BEACH BLVD
FORT MYERS, FL 33905

New Mailing Address:

PO BOX 50941
FORT MYERS, FL 33994

FEI Number: 20-2523957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TUCEK, ALBERTA
4015 20TH AVENUE NE
NAPLES, FL 34120 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: PSTD ( ) Delete
Name: TUCEK, ALBERTA
Address: 4015 20TH AVENUE NE
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALBERTA TUCEK PSTD 02/27/2009

Electronic Signature of Signing Officer or Director Date