2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108507

Entity Name: RYAN OCHIPA INSURANCE AGENCY INC

FILED Jun 30, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
1721 RIDGEWOOD AVE. HOLLY HILL, FL 32117				785 W. GRANADA BLVD. STE. 1 ORMOND BEACH, FL 32174		
Current Mailing Address:				New Mailing Address:		
1721 RIDGEWOOD AVE. HOLLY HILL, FL 32117				785 W. GRANADA BLVD. STE. 1 ORMOND BEACH, FL 32174		
FEI Number:	: 35-2252190	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
OCHIPA, RYAN RYAN OCHIPA INSURANCE AGENCY, INC 1721 RIDGEWOOD AVE HOLLYHILL, FL 32117 US				OCHIPA, RYAN RYAN OCHIPA INSURANCE AGENCY, INC 785 W. GRANADA BLVD. STE 1 ORMOND BEACH, FL 32174 US		
	e named entity e of Florida.	submits this statement for the	purpose o	f changing its registere	d office or registered agent, or both,	
SIGNATURE:				06/30/2009		
Electronic Signature of Registered Agent					Date	
		93(2)(b), F.S., the corporation did r ng Trust Fund Contribution ().	not receive t	he prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	OCHIPA, RYAI 4 COBBLESTO			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OCHIPA, JENN 4 COBBLESTO			Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JENNIFER OCHIPA T 06/30/2009