

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133998

FILED  
May 01, 2009  
Secretary of State

Entity Name: SHENANDOAH INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

13100 WEST STATE ROAD 84  
DAVIE, FL 33325

**New Principal Place of Business:**

13100 WEST STATE ROAD 84  
DAVIE, FL 33325 US

**Current Mailing Address:**

13100 WEST STATE ROAD 84  
DAVIE, FL 33325

**New Mailing Address:**

13100 WEST STATE ROAD 84  
DAVIE, FL 33325 US

FEI Number: 20-3551357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGONIGLE, J  
7027 W BROWARD BLVD  
280  
PLANTATION, FL 33317 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DIAZ, MARIA J  
Address: 14621 HIGHLAND SPRINGS CT  
City-St-Zip: DAVIE, FL 33325

**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: MARIA JULIANA DIAZ

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date