2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# P06000027928

Entity Name: HARRINGTON INSURANCE AGENCY, INC.

Current Principal Place of Business:

3691 TAMIAMI TRAIL
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

3691 TAMIAMI TRAIL
PUNTA GORDA, FL 33950

New Mailing Address:

155 DONNA CT
PUNTA GORDA, FL 33950

FEI Number: 20-4477271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CONNOR, JUDY CPA
595 NE 92ND ST
MIAMI SHORES, FL 33138 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: DPVS ( ) Delete
Name: HARRINGTON-SNOKE, DIANE
Address: 3691 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change ( ) Addition
Name: HARRINGTON-SNOKE, DIANE
Address: 155 DONNA CT
City-St-Zip: PUNTA GORDA, FL 33950

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: DIANE HARRINGTON PRES 03/12/2009

Electronic Signature of Signing Officer or Director Date