

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027928

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** HARRINGTON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3691 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

155 DONNA CT  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

155 DONNA CT  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**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:**

O'CONNOR, JUDY CPA  
155 DONNA CT  
PUNTA GORDA, FL 33950 US

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:

03/25/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

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

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City-St-Zip: PUNTA GORDA, FL 33950

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: DIANE HARRINGTON-SNOKE

DPVS

03/25/2010

Electronic Signature of Signing Officer or Director

Date