

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031525

FILED
Apr 20, 2009
Secretary of State

Entity Name: JOHN BABIARZ INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

502 MAIN STREET
WILDWOOD, FL 34785

New Principal Place of Business:

502 S MAIN STREET
WILDWOOD, FL 34785

Current Mailing Address:

502 MAIN STREET
WILDWOOD, FL 34785

New Mailing Address:

502 S MAIN STREET
WILDWOOD, FL 34785

FEI Number: 20-4525698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHBANKS, LAWRENCE J
110 CLEVELAND AVENUE
WILDWOOD, FL 34785 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: D () Delete
Name: BABIARZ, JOHN
Address: 523 SEJ 42ND ST
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BABIARZ, JOHN
Address: 523 SE 42ND ST
City-St-Zip: OCALA, FL 34480

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: JOHN BABIARZ

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date