

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043372

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** CONNIE DUFF WISE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7500 COUNTY RD 42  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

270 CAMPBELL AVE  
THE VILLAGES, FL 32162

**Current Mailing Address:**

7500 COUNTY RD 42  
SUMMERFIELD, FL 34491

**New Mailing Address:**

270 CAMPBELL AVE  
THE VILLAGES, FL 32162

**FEI Number:** 20-4568998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKATES, JEFFREY P  
1028 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162 US

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

WISE, CONNIE D  
270 CAMPBELL AVE  
THE VILLAGES, FL 32162 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:** CONNIE DUFF WISE

04/29/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** WISE, CONNIE D  
**Address:** 7500 COUNTY RD 42  
**City-St-Zip:** SUMMERFIELD, FL 34491

**Title:** T  
**Name:** WISE, JOHN F  
**Address:** 7500 COUNTY RD 42  
**City-St-Zip:** SUMMERFIELD, FL 34491

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:** CONNIE DUFF WISE

PRES

04/29/2010

Electronic Signature of Signing Officer or Director

Date