

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070974

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: TONY LOPEZ INSURANCE AGENCY, INC.

## Current Principal Place of Business:

13019 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

## New Principal Place of Business:

12908 S. ORANGE BLOSSOM TRAIL  
UNIT 101  
ORLANDO, FL 32837

## Current Mailing Address:

13019 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

## New Mailing Address:

12908 S. ORANGE BLOSSOM TRAIL  
UNIT 101  
ORLANDO, FL 32837

FEI Number: 20-4915954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, ANTHONY  
13019 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

LOPEZ, ANTHONY  
12908 S. ORANGE BLOSSOM TRAIL  
UNIT 101  
ORLANDO, FL 32837 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: ANTHONY LOPEZ

08/31/2009

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: DP ( ) Delete  
Name: LOPEZ, ANTHONY  
Address: 13019 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LOPEZ, ANTHONY  
Address: 12908 S. ORANGE BLOSSOM TRAIL, UNIT 101  
City-St-Zip: ORLANDO, FL 32837

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: ANTHONY LOPEZ

MR.

08/31/2009

Electronic Signature of Signing Officer or Director

Date