2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# P06000132239

Entity Name: AIM INSURANCE AGENCY OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

4475 U.S. 1 SOUTH
207
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

1578 US HWY 1 SOUTH
ST. AUGUSTINE, FL 32084

Current Mailing Address:

4475 U.S. 1 SOUTH
207
ST. AUGUSTINE, FL 32086

New Mailing Address:

1578 US HWY 1 SOUTH
ST. AUGUSTINE, FL 32084

FEI Number: 20-5730960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOX, JAMES S
1578 US HWY 1 SOUTH
ST AUGUSTINE, FL 32084 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

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: PVST ( ) Delete
Name: KNOX, JAMES S
Address: 1578 US HWY 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES KNOX PVST 05/07/2009

Electronic Signature of Signing Officer or Director Date