

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076334

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** JOAN SCHLERETH INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

15201 NORTH CLEVELAND AVE #606  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

15201 NORTH CLEVELAND AVE #606  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 26-0244464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHLERETH, JOAN P  
15201 N CLEVELAND AVE  
#606  
N. FORT MYERS, FL 33903 US

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

SCHLERETH, JOAN P  
15201 N CLEVELAND AVE  
#606  
NORTH FORT MYERS, FL 33903 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:

02/17/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHLERETH, JOAN  
Address: 15201 NORTH CLEVELAND AVE #606  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: JOAN SCHLERETH

P

02/17/2010

Electronic Signature of Signing Officer or Director

Date