

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000082636

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** RICHARD CONOVER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

11725 COLLIER BLVD.  
SUITE C  
NAPLES, FL 34116

**New Principal Place of Business:**

11725 COLLIER BLVD.  
SUITE H  
NAPLES, FL 34116

**Current Mailing Address:**

11725 COLLIER BLVD.  
SUITE C  
NAPLES, FL 34116

**New Mailing Address:**

11725 COLLIER BLVD.  
SUITE H  
NAPLES, FL 34116

**FEI Number:** 26-0563568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX & ACCOUNTING OF SWFL LLC  
809 WALKERBILT ROAD  
SUITE 6  
NAPLES, FL 34110 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:** DPS  
**Name:** CONOVER, RICHARD L  
**Address:** 11725 COLLIER BLVD. SUITE H  
**City-St-Zip:** NAPLES, FL 34116

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:** RICHARD L. CONOVER

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01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date