

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091948

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** STIERLIN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1944 SE PORT ST. LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1944 SE PORT ST. LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 45-0570820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STIERLIN, WILLIAM  
2482 SE GOWIN DRIVE  
PORT SAINT LUCIE, FL 34952 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: PD  
Name: STIERLIN, WILLIAM  
Address: 2482 SE GOWIN DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: WILLIAM STIERLIN

PD

01/28/2010

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

\_\_\_\_\_ Date