

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000131329

Entity Name: STEVE BARRY INSURANCE INC.

**FILED**  
**Jun 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3899 S SUNCOAST BLVD.  
SUITE 200  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

2488 CURLEW RD  
CLEARWATER, FL 33761

**Current Mailing Address:**

231 SPRING LAKE HWY  
BROOKSVILLE, FL 34602

**New Mailing Address:**

FEI Number: 59-2939834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARRY, MARK S  
3899 S SUNCOAST BLVD.  
SUITE 200  
HOMOSASSA, FL 34448 US

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

BARRY, MARK S  
2488 CURLEW RD  
CLEARWATER, FL 33761 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: MARK S BARRY

06/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: BARRY, MARK S  
Address: 2488 CURLEW RD  
City-St-Zip: CLEARWATER, FL 33761

Title: S/T  
Name: LINDA, BARRY  
Address: 2488 CURLEW RD  
City-St-Zip: CLEARWATER, FL 33761

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: MARK S BARRY

PRES

06/14/2010

Electronic Signature of Signing Officer or Director

Date