

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005190

FILED
Apr 30, 2009
Secretary of State

Entity Name: GREICO INSURANCE AGENCY, INC.

Current Principal Place of Business:

6566 NW SELVITZ RD.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

6566 NW SELVITZ RD.
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 26-1786052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AJO-HERNANDEZ, ISABEL
590 S.W. 178 WAY
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

AJO-HERNANDEZ, ISABEL
590 S.W. 178 WAY
PEMBROKE PINES, FL 33029 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:

Electronic Signature of Registered Agent

04/30/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AJO-HERNANDEZ, ISABEL
Address: 5594 NW N CRISONA CIR
City-St-Zip: PEMBROKE PINES, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AJO-HERNANDEZ, ISABEL
Address: P.O. BOX 260763
City-St-Zip: PEMBROKE PINES, FL 33026

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: ISABEL AJO-HERNANDEZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date