

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010887

FILED
Apr 29, 2009
Secretary of State

Entity Name: DELLA PORTA INSURANCE AGENCY, INC.

Current Principal Place of Business:

7807 BAYMEADOWS ROAD EAST
301
JACKSONVILLE, FL 32256 US

Current Mailing Address:

7807 BAYMEADOWS ROAD EAST
301
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 US

New Mailing Address:

7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 US

FEI Number: 26-2604828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, BARBARA M
7807 BAYMEADOWS ROAD EAST
301
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

LEONARD, BARBARA M
7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: DELLA PORTA, VERONICA M
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S, P () Delete
Name: LEONARD, BARBARA M
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: T () Delete
Name: LEONARD, BARBARA M
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete
Name: DELLA PORTA, RONALD C
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S, V (X) Change () Addition
Name: LEONARD, BARBARA M
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA M. LEONARD

SEC

04/29/2009

Electronic Signature of Signing Officer or Director

Date