2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2010
Secretary of State

DOCUMENT# P08000010887

Entity Name: DELLA PORTA INSURANCE AGENCY, INC.

Current Principal Place of Business:

7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 US

New Mailing Address:

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

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

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

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: BARBARA M. LEONARD SEC 01/25/2010

Electronic Signature of Signing Officer or Director Date