

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

DOCUMENT# P08000014342

**FILED**  
**Jul 02, 2010**  
**Secretary of State**

**Entity Name:** THE CAMBRIDGE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6320 S. DALE MABRY HIGHWAY  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

6320 S. DALE MABRY HIGHWAY  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:** 80-0145971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAYTON, CURRIER  
6320 S DALE MABRY  
TAMPA, FL 33611 US

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

HEITLER, CLAYTON  
6320 S DALE MABRY  
TAMPA, FL 33611 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: CLAYTON HEITLER

07/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HEITLER, CLAYTON  
Address: 6320 SOUTH DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33611

Title: VD  
Name: CURRIER, CLAYTON  
Address: 6320 S. DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33611

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: CLAYTON HEITLER

PD

07/02/2010

Electronic Signature of Signing Officer or Director

Date