

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036751

FILED
Apr 07, 2009
Secretary of State

Entity Name: RON DENNISON INSURANCE AGENCY INC

Current Principal Place of Business:

8019 N HIMES AVE 405
TAMPA, FL 33614

New Principal Place of Business:

8019 N HIMES AVE
SUITE 405
TAMPA, FL 33614

Current Mailing Address:

8019 N HIMES AVE 405
TAMPA, FL 33614

New Mailing Address:

8019 N HIMES AVE
SUITE 405
TAMPA, FL 33614

FEI Number: 26-2396855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNISON, RONALD
8019 N HIMES AVE 405
TAMPA, FL 33614 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 () Delete
Name: DENNISON, RONALD
Address: 16304 E COURSE DR
City-St-Zip: TAMPA, FL 33624

Title: VPTS () Delete
Name: DENNISON, RONALD
Address: 16304 E COURSE DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RONALD DENNISON

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date