## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000039572

Entity Name: D.B. & ASSOCIATES INSURANCE AGENCY, P.A.

Electronic Signature of Registered Agent

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:	
5200 N. OCEAN BLVD. STE. 405 FT. LAUDERDALE, FL 33308 US		
Current Mailing Address:	New Mailing Address:	
5200 N. OCEAN BLVD. STE. 405 FT. LAUDERDALE, FL 33308 US		
FEI Number: 74-3257564 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD. SUITE A-100 TAMPA, FL 33612 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:

Title:

## **OFFICERS AND DIRECTORS:**

PRFS ( ) Delete SPRAGG, BRANWEN R Name: 5200 N. OCEAN BLVD. STE. 405 Address: City-St-Zip: FT. LAUDERDALE, FL 33308 US

Election Campaign Financing Trust Fund Contribution ( ).

Title: () Delete Name: SPRAGG, BRANWEN R Address: 5200 N. OCEAN BLVD. STE. 405 FT. LAUDERDALE, FL 33308 US City-St-Zip:

Title: SEC ( ) Delete SPRAGG, BRANWEN R Name: 5200 N. OCEAN BLVD. STE. 405 Address: City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: DIR () Delete SPRAGG, BRANWEN R Name: Address: 5200 N. OCEAN BLVD. STE. 405 City-St-Zip: FT. LAUDERDALE, FL 33308 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: **PRFS** (X) Change ( ) Addition SPRAGG, BRANWEN R PRES Name: Address: 4316 EL MAR DRIVE UNIT 402 City-St-Zip: LBTS, FL 33308 US

Title: (X) Change ( ) Addition SPRAGG, BRANWEN R VP Name: Address: 4316 EL MAR DRIVE UNIT 402 LBTS, FL 33308 US City-St-Zip:

Title: (X) Change ( ) Addition SEC Name: SPRAGG, BRANWEN R Address: 4316 EL MAR DRIVE UNIT 402

City-St-Zip: LBTS, FL 33308 US

Title: (X) Change ( ) Addition SPRAGG, BRANWEN R DIR Name: Address: 4316 EL MAR DRIVE UNIT 402 City-St-Zip: LBTS, FL 33308 US

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: BRANWEN R. SPRAGG **PRES** 04/27/2009