

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045376

**FILED
Jul 20, 2009
Secretary of State**

Entity Name: RAY A FORREST INSURANCE AGENCY INC.

Current Principal Place of Business:

6582 HYPOLUXO RD.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6582 HYPOLUXO RD.
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FORREST, RAY
19342 SW 39TH ST.
MIRAMAR, FL 33029 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FORREST, RAY
Address: 6582 HYPOLUXO RD.
City-St-Zip: LAKE WORTH, FL 33467

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

Title: TD () Delete
Name: FORREST, RAY JR
Address: 6582 HYPOLUXO RD.
City-St-Zip: LAKE WORTH, FL 33467

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

Title: VD () Delete
Name: FORREST, SHERINE
Address: 6582 HYPOLUXO RD.
City-St-Zip: LAKE WORTH, FL 33467

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

Title: SD () Delete
Name: FORREST, DOMINIQUE
Address: 6582 HYPOLUXO RD.
City-St-Zip: LAKE WORTH, FL 33467

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: RAY FORREST

PD

07/20/2009

Electronic Signature of Signing Officer or Director

_____ Date