

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047909

FILED
Feb 18, 2010
Secretary of State

Entity Name: C & S INSURANCE AGENCY, INC.

Current Principal Place of Business:

303 N.E. 3RD AVE - UNIT 2
CAPE CORAL, FL 33909

New Principal Place of Business:

303 N.E. 3RD AVE
SUITE 2
CAPE CORAL, FL 33909

Current Mailing Address:

303 N.E. 3RD AVE - UNIT 2
CAPE CORAL, FL 33909

New Mailing Address:

303 N.E. 3RD AVE
SUITE 2
CAPE CORAL, FL 33909

FEI Number: 80-0182996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, INGRIS
303 N.E. 3RD AVE - UNIT 2
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

SANCHEZ, INGRIS
303 N.E. 3RD AVE
SUITE 2
CAPE CORAL, FL 33909 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: INGRIS SANCHEZ

02/18/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: SANCHEZ, INGRIS
Address: 303 N.E. 3RD AVE - UNIT 2
City-St-Zip: CAPE CORAL, FL 33909

Title: TD
Name: SANCHEZ, YULEIDIS
Address: 303 N.E. 3RD AVE - UNIT 2
City-St-Zip: CAPE CORAL, FL 33909

Title: VD
Name: BACALLAO, ALBA M
Address: 303 N.E. 3RD AVE - UNIT 2
City-St-Zip: CAPE CORAL, FL 33909

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: INGRIS SANCHEZ

PD

02/18/2010

Electronic Signature of Signing Officer or Director

Date