

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003079

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** JAMES L. ANDERSON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4107 70TH AVE EAST  
ELLENTON, FL 34222 US

**New Principal Place of Business:**

610 18TH AVE W  
PALMETTO, FL 34221 US

**Current Mailing Address:**

4107 70TH AVE EAST  
ELLENTON, FL 34222 US

**New Mailing Address:**

610 18TH AVE W  
PALMETTO, FL 34221 US

**FEI Number:** 65-0372757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, JAMES L  
4107 70TH AVE EAST  
ELLENTON, FL 34222 US

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

ANDERSON, KRISTEN L  
610 18TH AVE W  
PALMETTO, FL 34221 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:** KRISTEN ANDERSON

01/15/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** ANDERSON, KRISTEN L  
**Address:** 610 18TH AVE W  
**City-St-Zip:** PALMETTO, FL 34221 US

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:** KRISTEN ANDERSON

PRES

01/15/2010

Electronic Signature of Signing Officer or Director

Date