

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004789

FILED
Feb 10, 2009
Secretary of State

Entity Name: FLORIDA CROP INSURANCE AGENCY, INC.

Current Principal Place of Business:

7722 SR 544 E
STE. 215
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622
STE 215
HAINES CITY, FL 33845 US

New Mailing Address:

P.O. BOX 622
HAINES CITY, FL 33845 US

FEI Number: 59-3158296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, BRUCE A
7722 SR 544 STE 215
WINTER HAVEN, FL 33881 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: D () Delete
Name: DAVIS, BRUCE A
Address: 3082 LANDINGS COURT
City-St-Zip: HAINES CITY, FL 33845

Title: D () Delete
Name: FIFE, WILLIE A
Address: DARROW ST
City-St-Zip: LIVE OAK, FL 32060

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: BRUCE A. DAVIS

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date