

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010904

FILED
Apr 30, 2009
Secretary of State

Entity Name: DAVID ANTHONY INSURANCE AGENCY, INC.

Current Principal Place of Business:

7370 COLLEGE PARKWAY
SUITE 214
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

7370 COLLEGE PARKWAY
SUITE 214
FT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0393224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IANNONE, DAVID A
12220 TOWNE LAKE DR
FT MYERS, FL 33913 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: PSTD () Delete
Name: IANNONE, DAVID A
Address: 12220 TOWNE LAKE DRIVE, SUITE 60
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: IANNONE, DAVID A
Address: 12331 TOWNE LAKE DRIVE, SUITE 1
City-St-Zip: FT MYERS, FL 33913

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: DAVID A IANNONE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date