

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000038148

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** DAVID/GREG INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

521 E SR 434  
LONGWOOD, FL 32750

**New Principal Place of Business:**

521 E SR 434  
LONGWOOD, FL 32750 US

**Current Mailing Address:**

521 E SR 434  
LONGWOOD, FL 32750

**New Mailing Address:**

PO BOX 521636  
LONGWOOD, FL 32752 US

**FEI Number:** 59-3184819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARCONI, FRANK A  
521 EAST SR 434  
LONGWOOD, FL 32750 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  
Name: MARCONI, FRANK  
Address: 521 EAST SR 434  
City-St-Zip: LONGWOOD, FL 32750

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:** FRANK A MARCONI

PRES

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date