2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054416

Entity Name: CAMPO INSURANCE AGENCY, INC.

SEWALL'S POINT, FL 34996

City-St-Zip:

FILED Jan 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
SUITE 100	OCEAN BLVD.) 5 POINT, FL 3	4996			
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
SUITE 100	OCEAN BLVD.) 3 POINT, FL 3	4996			
FEI Number	: 59-3198706	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
SUITE 100 SEWALL'S The above	OCEAN BLVD.) S POINT, FL 3		purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAMPO, JAME	N BLVD., SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	RODRIGUEZ,) Delete MARTA N BLVD., SUITE 100	Title: Name: Address:	() Change () Addition	

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: JAMES CAMPO DP 01/30/2009