

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000025841

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** AGENTS INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

2400 NORTHWEST 6TH STREET  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

2400 NORTHWEST 6TH STREET  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

**FEI Number:** 59-3315660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGERS, AUBREY  
2400 NW 6TH ST  
GAINESVILLE, FL 32609 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:** ROGERS, AUBREY  
**Address:** 2812 SW 170 ST  
**City-St-Zip:** NEWBERRY, FL 32669

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:** AUBREY ROGERS JR

PRES

02/19/2010

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

\_\_\_\_\_  
Date