

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000023186

FILED
Feb 23, 2009
Secretary of State

Entity Name: COLLIER COUNTY INSURANCE AGENCY, INC.

Current Principal Place of Business:

1312 N. 15TH ST
UNIT #1
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1312 N. 15TH ST
UNIT #1
IMMOKALEE, FL 34142 US

New Mailing Address:

FEI Number: 59-3357486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YEOMANS, SUSAN J
1312 N. 15TH ST
IMMOKALEE, FL 34142 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: YEOMANS, SUSAN J
Address: P.O. BOX 1304
City-St-Zip: LABELLE, FL 33935

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: YEOMANS, SUSAN J
Address: P.O. BOX 1304
City-St-Zip: LABELLE, FL 33935

Title: S,T () Change (X) Addition
Name: YEOMANS, SUSAN J
Address: PO BOX 1304
City-St-Zip: LABELLE, FL 33975

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: SUSAN J YEOMANS

PRES

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date