

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090591

Entity Name: BARRY STANLEY INSURANCE AGENCY, INC.

FILED
Jan 16, 2007
Secretary of State

Current Principal Place of Business:

1601 N PALM AVE
STE 201
PEMBROKE PINES, FL 33026

New Principal Place of Business:

10796 PINES BLVD
STE 202
PEMBROKE PINES, FL 33026

Current Mailing Address:

1601 N PALM AVE
STE 201
PEMBROKE PINES, FL 33026

New Mailing Address:

10796 PINES BLVD
STE 202
PEMBROKE PINES, FL 33026

FEI Number: 65-0789172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, ALVA
1601 N PALM AVENUE
STE 201
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

STANLEY, ALVA B
10796 PINES BLVD
STE 202
PEMBROKE PINES, FL 33026 US

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: ALVA B STANLEY

01/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STANLEY, ALVA
Address: 3429 BRADENHAM LANE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STANLEY, ALVA B
Address: 3429 BRADENHAM LANE
City-St-Zip: DAVIE, FL 33328

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: ALVA B STANLEY

PRES

01/16/2007

Electronic Signature of Signing Officer or Director

Date