

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102737

FILED
Mar 17, 2009
Secretary of State

Entity Name: JOHN ADCOCK INSURANCE AGENCY, INC.

Current Principal Place of Business:

313 W FLETCHER AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

313 W FLETCHER AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3481155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADCOCK, MICHAEL
313 W FLETCHER AVENUE
TAMPA, FL 33612 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: P () Delete
Name: ADCOCK, MICHAEL L
Address: 313 W FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: V () Delete
Name: ADCOCK, JOHNNY R
Address: 311 WEST FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

Title: ST () Delete
Name: KEMP, PATRICE
Address: 10405 RECLINATA LN
City-St-Zip: TAMPA, FL 33618

Title: C () Delete
Name: ADCOCK, DOROTHY N
Address: 16104 SONSOLE DE AVILA
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL ADCOCK

P

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date