

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106082

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: THOMAS LEDWIDGE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

15225 NORTHWEST 77TH AVENUE #205  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15225 NORTHWEST 77TH AVENUE #205  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 65-0800142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEDWIDGE, THOMAS  
2 COMPASS LANE  
FT LAUDERDALE, FL 33308 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: PST ( ) Delete  
Name: LEDWIDGE, THOMAS  
Address: 2 COMPASS LANE  
City-St-Zip: FT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: THOMAS LEDWIDGE

PRES

03/24/2009

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

\_\_\_\_\_  
Date