

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000019640

Entity Name: SENTRY INSURANCE AGENCY, INC.

FILED  
May 18, 2009  
Secretary of State

## Current Principal Place of Business:

2180 W SR 434, STE 5000  
LONGWOOD, FL 32779

## New Principal Place of Business:

## Current Mailing Address:

2180 W SR 434, STE 5000  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 59-3517607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POMP, HOWARD  
2180 W SR 434, STE 5000  
LONGWOOD, FL 32779 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POMP, HOWARD  
Address: 2180 W SR 434, STE 5000  
City-St-Zip: LONGWOOD, FL 32779

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P ( ) Change (X) Addition  
Name: POMP, BRADLEY  
Address: 2180 W SR 434, STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: STD ( ) Change (X) Addition  
Name: WEISS, PATRICIA  
Address: 2180 W SR 434, STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Change (X) Addition  
Name: HART, JAMES W JR  
Address: 2180 W SR 434, STE 5000  
City-St-Zip: LONGWOOD, FL 32779

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: BRADLEY POMP

P

05/18/2009

Electronic Signature of Signing Officer or Director

Date