

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051541

FILED
Mar 28, 2009
Secretary of State

Entity Name: CARRIER INSURANCE AGENCY, INC.

Current Principal Place of Business:

600 S ORALNDO AVE, STE 202
MAITLAND, FL 32751 US

New Principal Place of Business:

600 S ORLANDO AVE, STE 202
MAITLAND, FL 32751 US

Current Mailing Address:

PO BOX 721200
ORLANDO, FL 328721200

New Mailing Address:

FEI Number: 59-3516020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARRIER, LEO R
5550 LAKE HOWELL ROAD
WINTER PARK, FL 32792 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 (X).

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: CARRIER, LEO R
Address: 5550 LAKE HOWELL ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: VSD () Delete
Name: CARRIER, MARY J
Address: 5550 LAKE HOWELL ROAD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LEO R CARRIER

PDT

03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date