2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2010
Secretary of State

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Entity Name: THE ORCHID INSURANCE AGENCY, INC.

Current Principal Place of Business:

1201 19TH PLACE
SUITE A-110
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

1201 19TH PLACE
SUITE A-110
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 65-0818753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRIX, C. KENNON
1201 19TH PLACE
SUITE A-110
VERO BEACH, FL 32960 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: SEC
Name: HENDRIX, C. KENNON
Address: 1201 19TH PLACE, SUITE A-110
City-St-Zip: VERO BEACH, FL 32960 US

Title: CEO
Name: STRUVE, JOHN M
Address: 1201 19TH PLACE, SUITE A-110
City-St-Zip: VERO BEACH, FL 32960 US

Title: PRES
Name: EMMONS, BRADFORD R
Address: 1201 19TH PLACE, SUITE A-110
City-St-Zip: VERO BEACH, FL 32960 US

Title: TR
Name: SCHWIERING, JAMES E
Address: 1201 19TH PLACE
City-St-Zip: VERO BEACH, FL 32960 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN M. STRUVE CEO 03/26/2010

Electronic Signature of Signing Officer or Director Date