2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P98000107671

Entity Name: FLANIGAN & ASSOCIATES INSURANCE, INC.

Current Principal Place of Business:

11406 N. DALE MABRY HWY.
SUITE E
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11406 N. DALE MABRY HWY.
SUITE E
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3547618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLANIGAN, LYNDA A
4907 BAYSHORE BLVD
UNIT 108
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

FLANIGAN, LYNDA A
2913 W FAIR OAKS AVE
TAMPA, FL 33611 US

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: LYNDA FLANIGAN 01/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: FLANIGAN, LYNDA A
Address: 4907 BAYSHORE BLVD UNIT 108
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: FLANIGAN, LYNDA A
Address: 2913 W FAIR OAKS AVE
City-St-Zip: TAMPA, FL 33611

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: LYNDA FLANIGAN PRES 01/13/2009
Electronic Signature of Signing Officer or Director Date