

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013842

Entity Name: WAYNE ANTHONY INSURANCE, INC.

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

7331 OFFICE PARK PLACE  
SUITE 500  
MELBOURNE, FL 32940

## New Principal Place of Business:

## Current Mailing Address:

7331 OFFICE PARK PLACE  
SUITE 500  
MELBOURNE, FL 32940

## New Mailing Address:

FEI Number: 59-3557543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANTHONY, DAVID WAYNE  
7331 OFFICE PARK PLACE  
SUITE 500  
MELBOURNE, FL 32940 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: DPS ( ) Delete  
Name: ANTHONY, DAVID WAYNE  
Address: 1755 BARTON BLVD  
City-St-Zip: ROCKLEDGE, FL 329553058

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: THORPE, JASON M  
Address: 1388 AUBURN LAKES DR  
City-St-Zip: ROCKLEDGE, FL 32955

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: JASON THORPE

VP

03/12/2009

Electronic Signature of Signing Officer or Director

Date