2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# P99000047794

Entity Name: PALM INSURANCE AGENCY, INC.

Current Principal Place of Business:

410 N.E. 167TH STREET
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

313 N.E. 167TH STREET
N. MIAMI BEACH, FL 33162

Current Mailing Address:

410 N.E. 167TH STREET
N. MIAMI BEACH, FL 33162

New Mailing Address:

313 N.E. 167TH STREET
N. MIAMI BEACH, FL 33162

FEI Number: 65-0928614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COWART, LEE
401 NE 167TH STREET
MIAMI, FL 33162 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COWART, M'LISS
Address: 410 N.E. 167TH STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: P ( ) Delete
Name: COWART, LEE J
Address: 401 NE 167TH CT
City-St-Zip: MIAMI, FL 33162

Title: VP ( ) Delete
Name: COWART, M'LISS T
Address: 401 NE 167TH STREET
City-St-Zip: MIAMI, FL 33162

Title: S (X) Delete
Name: COWART, RYAN
Address: 401 NE 167TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: COWART, LEE J
Address: 401 NE 167TH CT
City-St-Zip: MIAMI, FL 33162

Title: S (X) Change ( ) Addition
Name: COWART, RYAN L
Address: 401 NE 167TH STREET
City-St-Zip: MIAMI, FL 33162

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: M'LISS COWART P 05/04/2009

Electronic Signature of Signing Officer or Director Date