

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067521

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** PRIMEGROUP INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

5440 BEAUMONT CENTER BLVD., STE. 445  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5440 BEAUMONT CENTER BLVD., STE. 445  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 59-3593141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FEYL, JOHN W  
5440 BEAUMONT CENTER BLVD., STE. 445  
TAMPA, FL 33634 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: D ( ) Delete  
Name: DUGAN, KEVIN  
Address: 11611 USEPPA CT.  
City-St-Zip: NAPLES, FL 33942

Title: D ( ) Delete  
Name: CARNEY, JOSEPH  
Address: 242 DEER RUN  
City-St-Zip: MEDIA, PA 19063

Title: D ( ) Delete  
Name: ELLSASSGR, EDWARD C  
Address: 4908 W, DAYAD ST,  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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:** JOSEPH L CARNEY

PRES

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date