

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090572

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** ASSOCIATES INSURANCE AGENCY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

11470 N 53 ST.  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 530157  
ST PETERSBURG, FL 337470157

**New Mailing Address:**

**FEI Number:** 59-3604041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUENTES, LAWRENCE E ESQ.  
1407 WEST BUSCH BOULEVARD  
TAMPA, FL 33612 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: PD ( ) Delete  
Name: ROGERS, MICHAEL W  
Address: 11308 N. 53RD STREET  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD ( ) Delete  
Name: TURNER, JACLYN  
Address: 5901 SUN BLVD. - STE. 102  
City-St-Zip: SAINT PETERSBURG, FL 33715

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

Title: PD (X) Change ( ) Addition  
Name: ROGERS, MICHAEL W  
Address: 11470 N. 53RD STREET  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD (X) Change ( ) Addition  
Name: TURNER, JACLYN  
Address: 11470 N. 53RD STREET  
City-St-Zip: TEMPLE TERRACE, FL 33617

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: JACLYN TURNER

VD

04/29/2009

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

\_\_\_\_\_  
Date