2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S35875

FILED Apr 08, 2009 Secretary of State

Entity Nan	ne: SPORTS	SMAN'S INSURANCE A	GENCY, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
1450 NOR ⁻ SUITE 500 ORMOND		32174					
Current Mailing Address:			New Mai	New Mailing Address:			
1450 NOR ⁻ SUITE 500 ORMOND		32174					
FEI Number:	59-3087903	FEI Number Applied Fo	r() FEI Number Not Ap	plicable ()	Certificate of Status Desired	()	
Name and	Address of	Current Registered Ag	ent: Name an	Name and Address of New Registered Agent:			
9100 Ś DAI STE 1702	VRENCE S. DELAND BLV 33156 US	VD					
The above in the State		submits this statement	for the purpose of changing	ı its registere	d office or registered agent, o	r both,	
SIGNATUR	RE:						
	Electro	onic Signature of Registe	red Agent		Date		
Election Can	npaign Financii	ng Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP (BOSS, HOLLI 7 BAY POINTI ORMOND BEA	E DR.	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address:	DS (BOSS, JEAN 7 BAY POINTI) Delete	Title: Name: Address:	DT STEPHENS 3145 CONN	(X) Change () Addition , WILLIAM M		

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: HOLLIS E. BOSS Ρ 04/08/2009