2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# S57572

Entity Name: NORTHSIDE INSURANCE AGENCY, INC.

Current Principal Place of Business:

14009 N DALE MABRY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

14009 N DALE MABRY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3082241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORROW, DAVID
4309 FAIRCOURT DR
VALRICO, FL 33594 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: PTD ( ) Delete
Name: MORROW, DAVID IRWIN,
Address: 14009 N. DALE MABY
City-St-Zip: TAMPA, FL

Title: VSD ( ) Delete
Name: FUSSELL, JOHN F JR,
Address: 14009 N DALE MABRY
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: MORROW, DAVID IRWIN,
Address: 14009 N. DALE MABY
City-St-Zip: TAMPA, FL 33618

Title: VSD (X) Change ( ) Addition
Name: FUSSELL, JOHN F JR,
Address: 14009 N DALE MABRY
City-St-Zip: TAMPA, FL 33618

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: DAVID MORROW , PRST. PRD 01/08/2009

Electronic Signature of Signing Officer or Director Date