

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V16202

FILED  
Feb 28, 2010  
Secretary of State

**Entity Name:** CRAIG DUNCAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2745 STATE ROAD 580  
SUITE 101  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2745 STATE ROAD 580  
SUITE 101  
CLEARWATER, FL 33761 US

**New Mailing Address:**

**FEI Number:** 59-3121599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNCAN, CRAIG K PRES  
2745 STATE ROAD 580  
SUITE 101  
CLEARWATER, FL 33761 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: P  
Name: DUNCAN, CRAIG K  
Address: 3428 ASPEN TRAIL  
City-St-Zip: CLEARWATER, FL 33761

Title: V  
Name: DUNCAN, B.J.  
Address: 3171 SAN PEDRO ST.  
City-St-Zip: CLEARWATER, FL 33759

Title: ST  
Name: DUNCAN, BARBARA L  
Address: 3428 ASPEN TRAIL  
City-St-Zip: CLEARWATER, FL 33761

I hereby 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 all other like empowered.

SIGNATURE: BARBARA L. DUNCAN

ST

02/28/2010

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

\_\_\_\_\_  
Date