2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# V63364

Entity Name: KAREN STOCKWELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

9934 LITTLE RD
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

3941 TAMIAMI TRAIL
3157-116
PUNTA GORDA, FL 33850

Current Mailing Address:

3941 TAMIAMI TRAIL, 3157-116
PUNTA GORDA, FL 33950

New Mailing Address:

3941 TAMIAMI TRAIL
3157-116
PUNTA GORDA, FL 33950

FEI Number: 59-3149188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOCKWELL, KAREN
9934 LITTLE RD
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

STOCKWELL, KAREN
3941 TAMIAMI TRAIL
3157-116
PUNTA GORDA, FL 33950 US

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: KAREN STOCKWELL 04/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STOCKWELL, KAREN
Address: 2807 TORRANCE DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: STOCKWELL, VAN C.
Address: 2807 TORRANCE DR
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STOCKWELL, KAREN
Address: 3941 TAMIAMI TRAIL, 3157-116
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change ( ) Addition
Name: STOCKWELL, VAN C.
Address: 3941 TAMIAMI TRAIL, 3157-116
City-St-Zip: PUNTA GORDA, FL 33950

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: KAREN STOCKWELL DIR 04/19/2009
Electronic Signature of Signing Officer or Director Date