

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 180952

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** VANDROFF INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5150 BELFORT RD  
BLDG # 200  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

5150 BELFORT RD  
BLDG # 200  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 59-0728576      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHNEIDER, MICHAEL  
5150 BELFORT ROAD BLDG 100  
JACKSONVILLE, FL 32256 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VANDROFF, ARNOLD E.  
Address: 5150 BELFORT RD., BLDG. #200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD  
Name: MARGOL, OREN  
Address: 5150 BELFORT RD., BLDG. #200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PTSD  
Name: VANDROFF, DAVID  
Address: 5150 BELFORT RD., BLDG. #200  
City-St-Zip: JACKSONVILLE, FL 32256

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: DAVID M. VANDROFF

PTSD

01/05/2012

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

\_\_\_\_\_ Date