

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 274948

FILED  
Mar 04, 2011  
Secretary of State

**Entity Name:** BARNES AND BOVA INSURANCE, INC.

**Current Principal Place of Business:**

3201 N FEDERAL HWY  
STE 200  
FT LAUDERDALE, FL 33306 US

**New Principal Place of Business:**

**Current Mailing Address:**

3201 N FEDERAL HWY  
STE 200  
FT LAUDERDALE, FL 33306 US

**New Mailing Address:**

**FEI Number:** 59-1060144      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOVA, WILLIAM J  
3201 N. FEDERAL HWY #200  
FT LAUDERDALE, FL 33306 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: BOVA, WILLIAM J  
Address: 3201 N FEDERAL HWY #200  
City-St-Zip: FT LAUDERDALE, FL 33306

Title: D  
Name: BARNES, MARIANNE  
Address: 3201 N FEDERAL HWY #200  
City-St-Zip: FT LAUDERDALE, FL 33306

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: WILLIAM J. BOVA

PRES

03/04/2011

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

\_\_\_\_\_ Date