

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 663376

FILED  
Mar 26, 2011  
Secretary of State

Entity Name: A.J. HOSEA INSURANCE, INC.

**Current Principal Place of Business:**

15555 CAIRNRYAN COURT  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15555 CAIRNRYAN COURT  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 59-1978450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HOSEA, A. J  
15555 CAIRNRYAN COURT  
MIAMI LAKES, FL 33014 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: PD  
Name: HOSEA, A. J  
Address: 15555 CAIRNRYAN COURT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD  
Name: HOSEA, CHARLES T  
Address: 15555 CAIRNRYAN COURT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VTD  
Name: HOSEA, ROBERT A  
Address: 15555 CAIRNRYAN COURT  
City-St-Zip: MIAMI LAKES, FL 33014

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: A. J. HOSEA

PD

03/26/2011

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

\_\_\_\_\_ Date