

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002693

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Entity Name:** COSTELLO AND SONS INSURANCE BROKERS, INC.

**Current Principal Place of Business:**

1752 LINCOLN AVE  
SAN RAFAEL, CA 94901

**New Principal Place of Business:**

**Current Mailing Address:**

1752 LINCOLN AVE  
SAN RAFAEL, CA 94901

**New Mailing Address:**

**FEI Number:** 94-3057679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CP  
Name: COSTELLO, BRYAN O  
Address: 1752 LINCOLN AVE  
City-St-Zip: SAN RAFAEL, CA 94901

Title: CEO  
Name: COSTELLO, BRYAN O  
Address: 1752 LINCOLN AVE  
City-St-Zip: SAN RAFAEL, CA 94901

Title: VP  
Name: GRANT, MICHAEL  
Address: 1752 LINCOLN AVE  
City-St-Zip: SAN RAFAEL, CA 94901

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: DAN CARRAHER

CFO

01/23/2011

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

\_\_\_\_\_  
Date