

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56961

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1463 OAKFIELD DR  
STE 128  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3066  
BRANDON, FL 33509 US

**New Mailing Address:**

**FEI Number:** 59-3001854      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ALLEMAN, PATRICIA JOY  
1463 OAKFIELD DR.  
STE. 128  
BRANDON, FL 33511 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: ALLEMAN, PATRICIA J  
Address: 1911 LAKEVIEW DRIVE  
City-St-Zip: BRANDON, FL 33511

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: P. ALLEMAN

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

PRES

02/14/2012

\_\_\_\_\_ Date