

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060632

FILED  
Apr 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

10827 W COLONIAL DRIVE  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

10827 W COLONIAL DRIVE  
OCOEE, FL 34761

**New Mailing Address:**

FEI Number: 59-3731731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DARUS, ANN D  
10827 W COLONIAL DRIVE  
OCOEE, FL 34761 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: P  
Name: DARUS, ANN D  
Address: 10827 W COLONIAL DRIVE  
City-St-Zip: OCOEE, FL 34761

Title: VS  
Name: DARUS, BRIAN K  
Address: 10827 W COLONIAL DR  
City-St-Zip: OCOEE, FL 34761

Title: T  
Name: DARUS, JOYCE B  
Address: 10827 W. COLONIAL DR.  
City-St-Zip: OCOEE, FL 34761

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: ANN D DARUS

P

04/20/2012

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

\_\_\_\_\_ Date