2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2012
Secretary of State

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Entity Name: SCOTT CAMERON INSURANCE AGENCY, INC.

Current Principal Place of Business:

5355 SW COLLEGE ROAD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

5355 SW COLLEGE ROAD
OCALA, FL 34474

New Mailing Address:

FEI Number: 56-2307033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMERON, SCOTT
5355 SW COLLEGE ROAD
OCALA, FL 34474 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: PRES
Name: CAMERON, SCOTT J
Address: 5355 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34471

Title: SEC
Name: CAMERON, KAREN
Address: 5010 SW 2ND AVE
City-St-Zip: OCALA, FL 34471

Title: DIR
Name: CAMERON, TYLER
Address: 5010 SW 2ND AVENUE
City-St-Zip: OCALA, FL 34471

Title: DIR
Name: CAMERON, ALEXANDER
Address: 5010 SW 2ND AVENUE
City-St-Zip: OCALA, FL 34471

Title: DIR
Name: CAMERON, SAVANNAH
Address: 5010 SW 2ND AVENUE
City-St-Zip: OCALA, FL 34471

Title: DIR
Name: HEATH, KARLI J
Address: 5010 SW 2ND AVENUE
City-St-Zip: OCALA, FL 34471

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: SCOTT CAMERON PRES 01/24/2012

Electronic Signature of Signing Officer or Director Date