

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003967

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** KATHY SCOTT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6018 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6018 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 02-0663666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, KATHY CLU  
6018 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217 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: SCOTT, KATHY  
Address: 6018 SAN JOSE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP  
Name: RODRIGUEZ, MARINO R JR  
Address: 336 CHICASAW CT  
City-St-Zip: JACKSONVILLE, FL 32259

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: KATHY SCOTT

P

02/20/2011

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

\_\_\_\_\_ Date