2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P05000002316

Entity Name: INTEGRITY INSURANCE AGENCY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

310 E MEMORIAL BLVD
LAKELAND, FL 33801

New Principal Place of Business:

229 NORTH FLORIDA AVENUE
LAKELAND, FL 33801

Current Mailing Address:

P.O. BOX 93249
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 20-2428339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PICKETT, EDGAR T III
5123 DEESON PTE CT
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

WILLIAMS, APRIL Y
229 NORTH FLORIDA AVENUE
LAKELAND, FL 33801 US

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: APRIL Y. WILLIAMS 04/30/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP
Name: PICKETT, EDGAR T III
Address: 5123 DEESON PTE CT
City-St-Zip: LAKELAND, FL 33805

Title: DT
Name: PICKETT, EDGAR T JR
Address: 2050 PROVIDENCE RD
City-St-Zip: LAKELAND, FL 33805

Title: S
Name: WILLIAMS, APRIL Y
Address: 229 NORTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33801

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: APRIL Y. WILLIAMS S 04/30/2012
Electronic Signature of Signing Officer or Director Date