

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062893

FILED
Jan 06, 2011
Secretary of State

Entity Name: MATRIX INSURANCE AGENCY, INC.

Current Principal Place of Business:

9016 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9016 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-2794259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINCKET, BRIAN
9016 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256 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: DPST
Name: SPADAFORA, JEFFREY L
Address: 9016 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

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: JEFFREY L SPADAFORA

DPST

01/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date