

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062638

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

23451 WALDEN CENTER DRIVE #500  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

2930 IMMOKALEE ROAD  
1  
NAPLES, FL 34110

**Current Mailing Address:**

23451 WALDEN CENTER DRIVE #500  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

2930 IMMOKALEE ROAD  
1  
NAPLES, FL 34110

FEI Number: 20-4818246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANSEN, SCOTT  
23451 WALDEN CENTER DR  
#500  
BONITA SPRINGS, FL 34134 US

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

HANSEN, SCOTT  
2930 IMMOKALEE ROAD  
1  
NAPLES, FL 34110 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HANSEN, SCOTT E  
Address: 21619 HELMSDALE RUN  
City-St-Zip: ESTERO, FL 33928

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 HANSEN

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

P

04/28/2011

\_\_\_\_\_  
Date