

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059392

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** VAZQUEZ INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3980 TAMPA RD., SUITE 205E  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

3980 TAMPA RD., SUITE 205E  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 37-1543987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAZQUEZ STAHLSCHMIDT, JANET  
3980 TAMPA RD., SUITE 205E  
OLDSMAR, FL 34677 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: VAZQUEZ STAHLSCHMIDT, JANET  
Address: 3980 TAMPA RD., SUITE 205E  
City-St-Zip: OLDSMAR, FL 34677

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: JANET VAZQUEZ STAHLSCHMIDT

PRES

02/16/2012

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

\_\_\_\_\_ Date