

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000108449

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

100 S. MISSOURI AVENUE  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 S. MISSOURI AVENUE  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 26-3867943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRUTCHFIELD, DANA  
100 S. MISSOURI AVENUE  
CLEARWATER, FL 33756 US

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

CRUM, FRANK W JR  
100 S. MISSOURI AVENUE  
CLEARWATER, FL 33756 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: FRANK W. CRUM, JR.

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CRUM, FRANK W JR  
Address: 100 S. MISSOURI AVENUE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: VPS  
Name: CRUM, MATTHEW C  
Address: 100 S. MISSOURI AVENUE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: VP  
Name: CARR, JAMES M  
Address: 100 S. MISSOURI AVENUE  
City-St-Zip: CLEARWATER, FL 33756 US

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: MATTHEW C. CRUM

VPS

02/16/2011

Electronic Signature of Signing Officer or Director

Date