

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000051402

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** MID-FLORIDA CROP INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

212 WEST MAIN STREET  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

210 WEST MAIN STREET  
WAUCHULA, FL 33873 US

**Current Mailing Address:**

212 WEST MAIN STREET  
WAUCHULA, FL 33873 US

**New Mailing Address:**

210 WEST MAIN STREET  
WAUCHULA, FL 33873 US

FEI Number: 27-0357951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YEOMANS, MICHELLE L  
5147 OLLIE ROBERTS RD  
BOWLING GREEN, FL 33834 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: YEOMANS, JAMES WILLIAM JR  
Address: 5147 OLLIE ROBERTS RD  
City-St-Zip: BOWLING GREEN, FL 33834 US

Title: VP  
Name: YEOMANS, MICHELLE L  
Address: 5147 OLLIE ROBERTS ROAD  
City-St-Zip: BOWLING GREEN, FL 33834 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: MICHELLE L YEOMANS

VP

02/21/2011

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

\_\_\_\_\_  
Date