

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000083120

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** ANGELO FAMILY INSURANCE AGENCY INC

**Current Principal Place of Business:**

3923 N LECANTO HWY  
BEVERLY HILLS, FL 34465 US

**New Principal Place of Business:**

**Current Mailing Address:**

3923 N LECANTO HWY  
BEVERLY HILLS, FL 34465 US

**New Mailing Address:**

**FEI Number:** 30-0583617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANGELO, JOSEPH M  
3923 N LECANTO HWY  
BEVERLY HILLS, FL 34465 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: ANGELO, JOSEPH M  
Address: 3923 N LECANTO HWY  
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: VP  
Name: ANGELO, MARCA L  
Address: 3923 N LECANTO HWY  
City-St-Zip: BEVERLY HILLS, FL 34465 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: MARCA L ANGELO

VP

01/26/2011

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

\_\_\_\_\_  
Date