

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037663

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** WEEMS INSURANCE OF NAPLES, INC.

**Current Principal Place of Business:**

2661 S. AIRPORT RD  
B105  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

2661 S. AIRPORT RD  
B105  
NAPLES, FL 34112 US

**New Mailing Address:**

**FEI Number:** 65-0492114      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

WEEMS, MARGARET M  
202 TORRY PINES PT  
NAPLES, FL 34113 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: VP  
Name: WEEMS, MARGARET M  
Address: 202 TORREY PINES PT  
City-St-Zip: NAPLES, FL 34113

Title: P  
Name: WEEMS, SUSAN M  
Address: 1010 39TH STREET SW  
City-St-Zip: NAPLES, FL 34117

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: MARGARET M WEEMS

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

VP

03/15/2011

\_\_\_\_\_ Date