

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693164

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** ROBERT R. RACE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

% ROBERT R RACE  
17521 US HWY 441, STE. 1, CENTURY PLAZA  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

% ROBERT R RACE  
2104 MORNINGSIDE DR.  
MOUNT DORA, FL 32757 US

**Current Mailing Address:**

P.O. BOX 855, N/A  
17521 US HWY 441, STE. 1  
MOUNT DORA, FL 32757 US

**New Mailing Address:**

P.O. BOX 855, N/A  
MOUNT DORA, FL 32757 US

FEI Number: 59-2111643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RACE, ROBERT R  
2104 MORNINGSIDE DR  
MOUNT DORA, FL 32757 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: PTD  
Name: RACE, ROBERT R  
Address: 2104 MORNINGSIDE DR.  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VSD  
Name: RACE, MARY E  
Address: 2104 MORNINGSIDE DR.  
City-St-Zip: MOUNT DORA, FL 32757 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: ROBERT R RACE

PTD

04/20/2011

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

\_\_\_\_\_ Date