#### DOCUMENT# P94000051412

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ENGELL INSURANCE BROKERAGE, INC.

### **Current Principal Place of Business:**

**401 CENTER POINTE CIRCLE** #1543 ALTAMONTE SPRINGS, FL 32701

# **Current Mailing Address:**

**401 CENTER POINTE CIRCLE** #1543 ALTAMONTE SPRINGS, FL 32701 US

# FEI Number: 59-3251406

### Name and Address of Current Registered Agent:

ENGELL, SCOTT **401 CENTERPOINTE CIRCLE** STE #1543 ALTAMONTE SPRINGS, FL 32701 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:

# Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	D	Title	D
Name	ENGELL, SCOTT	Name	ENGELL, CHRISTINE M
Address	401 CENTER POINTE CIRCLE #1543	Address	401 CENTER POINTE CIRCLE #1543
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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.

PRES.

#### SIGNATURE: SCOTT ENGELL

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 26, 2013 Secretary of State CC3537604335

Certificate of Status Desired: No

Date