2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# 126191

Entity Name: DESOTO INSURANCE AGENCY INC

Current Principal Place of Business:

243 N BREVARD AVE
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880
243 N BREVARD AVE
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 59-0218850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMBLER, LEWIS JR
243 N BREVARD AVE
ARCADIA, FL 34266 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: PD
Name: AMBLER, LEWIS, JR.
Address: 243 N BREVARD AVE
City-St-Zip: ARCADIA, FL 34266

Title: STD
Name: SMITH, DONALD R
Address: 243 N BREVARD AVE
City-St-Zip: ARCADIA, FL 34266

Title: D
Name: AMBLER, JAY C
Address: 1424 FOREST AVE
City-St-Zip: NEPTUNE BEACH, FL 32266

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: LEWIS AMBLER, JR PRES 01/04/2011

Electronic Signature of Signing Officer or Director Date