2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# 189627

Entity Name: BROWNING INSURANCE AGENCY, INC.

Current Principal Place of Business:

1 NORTH MAIN ST.
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 818
BROOKSVILLE, FL 346050818 US

New Mailing Address:

FEI Number: 59-0769144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWNING, MARK E.
1 NORTH MAIN STREET
BROOKSVILLE, FL 34601 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: BROWNING, MARK E.
Address: 1 N. MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: VTD
Name: BROWNING, S. SCOTT
Address: 1 N. MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: VSD
Name: BROWNING, JON THOMAS
Address: 1 N. MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

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: MARK E BROWNING PD 02/10/2011

Electronic Signature of Signing Officer or Director Date