

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285601

FILED
Jan 13, 2011
Secretary of State

Entity Name: POPPELL INSURANCE, INC.

Current Principal Place of Business:

503 W MARTIN L. KING BLVD
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

503 W MARTIN L. KING BLVD
PLANT CITY, FL 33566 US

New Mailing Address:

FEI Number: 59-1084821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPPELL, ELEANOR C
725 W RUSSELL DR
PLANT CITY, FL 33563 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: P
Name: POPPELL, ELEANOR C
Address: 725 W. RUSSELL DR
City-St-Zip: PLANT CITY, FL 33563

Title: VPT
Name: POPPELL, MARK S.
Address: 2703 LAUREL OAK DR
City-St-Zip: PLANT CITY, FL 33567

Title: VPS
Name: POPPELL, JON T.
Address: 511 E. TRAPNELL RD
City-St-Zip: PLANT CITY FL, 33566

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: JON T. POPPELL

VPS

01/13/2011

Electronic Signature of Signing Officer or Director

Date