

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 370253

FILED
Apr 24, 2012
Secretary of State

Entity Name: CAPITAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

1425 E PIEDMONT DRIVE
SUITE 301
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15949
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-1346146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, DAVID M SR.
1425 E PIEDMONT DRIVE #301
TALLAHASSEE, FL 32312 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: COB
Name: MOORE, DAVID M SR.
Address: 1425 EPIEDMONT DRIVE #301
City-St-Zip: TALLAHASSEE, FL

Title: VD
Name: LAUER, DALE R VD
Address: 1425 E PIEDMONT DRIVE #301
City-St-Zip: TALLAHASSEE, FL

Title: TD
Name: MOORE, ANN K TD
Address: 1425 E PIEDMONT DR #301
City-St-Zip: TALLAHASSEE, FL

Title: SD
Name: WILLIAMS, DANA M SD
Address: 1425 E PIEDMONT DRIVE #301
City-St-Zip: TALLAHASSEE, FL

Title: PRES
Name: TATE JR, DALTON A VD
Address: 1425 E PIEDMONT DRIVE #301
City-St-Zip: TALLAHASSEE, FL

Title: D
Name: TATE, DONNA D
Address: 1425 E PIEDMONT DRIVE #301
City-St-Zip: TALLAHASSEE, FL

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: DAVID M. MOORE, SR.

COB

04/24/2012

Electronic Signature of Signing Officer or Director

Date