

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 464565

FILED
Feb 07, 2012
Secretary of State

Entity Name: KRAFT INSURANCE AGENCY, INC.

Current Principal Place of Business:

231 CHELTON CIRCLE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

231 CHELTON CIRCLE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-1561614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAFT JR., KENNETH H MR.
231 CHELTON CIRCLE
WINTER PARK, FL 32789 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: KRAFT JR., KENNETH H MR.
Address: 231 CHELTON CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: S
Name: DECKER, KATHERINE K MS
Address: 231 CHELTON CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: TAS
Name: BETHEL, CAROLYN K MS
Address: 231 CHELTON CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: V
Name: KRAFT, III, KENNETH H MR.
Address: 231 CHELTON CIRCLE
City-St-Zip: WINTER PARK, FL 32789

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: KENNETH H. KRAFT, JR

PRES

02/07/2012

Electronic Signature of Signing Officer or Director

_____ Date