

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467370

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** STOUTAMIRE INSURANCE, INC.

**Current Principal Place of Business:**

16783 SE SOUTH PEAR ST.  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

16783 SE PEAR STREET  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

P. O. BOX 360  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

**FEI Number:** 59-1580587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOUTAMIRE, WILLIAM F  
16783 SE SOUTH PEAR ST.  
BLOUNTSTOWN, FL 32424 US

**Name and Address of New Registered Agent:**

STOUTAMIRE, WILLIAM F  
16783 SE PEAR STREET  
BLOUNTSTOWN, FL 32424 US

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

01/04/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STOUTAMIRE, WM. F  
Address: 16783 SE PEAR ST., PO BOX 360  
City-St-Zip: BLOUNTSTOWN, FL 32424

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: WILLIAM F. STOUTAMIRE

P

01/04/2011

Electronic Signature of Signing Officer or Director

Date