

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501377

FILED
Feb 02, 2011
Secretary of State

Entity Name: TOXEY WHITAKER INSURANCE, INC.

Current Principal Place of Business:

314 CANAL STREET
P. O. BOX 626
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

314 CANAL STREET
P. O. BOX 626
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-1693032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELOACH, J. BOYD
418 CANAL STREET
NEW SMYRNA BEACH, FL 32168 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: VPDP
Name: WHITAKER, MARTHA, M.
Address: 4020 COWCREEK ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: VPDP
Name: WHITAKER, MARTHA M.
Address: 4020 COWCREEK ROAD
City-St-Zip: EDGEWATER, FL

Title: VPDP
Name: WHITAKER, MARTHA M.
Address: 4020 COWCREEK ROAD
City-St-Zip: EDGEWATER, 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: MARTHA M WHITAKER

PRES

02/02/2011

Electronic Signature of Signing Officer or Director

Date