

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 582716

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** DAVID HESTER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

309 NE 2ND ST  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

204 NE 3RD AVE  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

309 NE 2ND ST  
OKEECHOBEE, FL 34972

**New Mailing Address:**

204 NE 3RD AVE  
OKEECHOBEE, FL 34972

**FEI Number:** 59-1852126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HESTER, DAVID PRES  
2036 SW 22ND CIR N  
OKEECHOBEE, FL 34974 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: D  
Name: HESTER, JUDY  
Address: 2036 SW 22ND CIR N  
City-St-Zip: OKEECHOBEE, FL 34974

Title: PD  
Name: HESTER, DAVID  
Address: 2036 SW 22ND CIR N  
City-St-Zip: OKEECHOBEE, FL 34974

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 HESTER

PRES

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date