2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# 592567

Entity Name: J. AND M. HENTZEL INSURANCE, INC.

Current Principal Place of Business:

7 TWELVE OAKS TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

7 TWELVE OAKS TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-1848723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENTZEL, JAMES P
7 TWELVE OAKS TRAIL
ORMOND BEACH, FL 32174 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: PTD
Name: HENTZEL, JAMES P
Address: 7 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BCH, FL 32174

Title: ST
Name: HENTZEL, SHERRY
Address: 7 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP
Name: HENTZEL, KATHRYN E
Address: 7 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: SHERRY E. HENTZEL SEC. 03/15/2011

Electronic Signature of Signing Officer or Director Date