

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 611219

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** CLOSSON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

221 NE IVANHOE BLVD  
SUITE 300  
ORLANDO, FL 328046488 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 547275  
SUITE 300  
ORLANDO, FL 32854 US

**New Mailing Address:**

**FEI Number:** 59-1892513      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CLOSSON, RODNEY  
221 N IVANHOE BLVD.  
ORLANDO, FL 32804 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: P  
Name: CLOSSON, RODNEY E.  
Address: 221 NE IVANHOE BLVD, SUITE 300  
City-St-Zip: ORLANDO, FL

Title: ST  
Name: CLOSSON, NANCY R  
Address: 221 NE IVANHOE BLVD, SUITE 300  
City-St-Zip: ORLANDO, 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: RODNEY E. CLOSSON

PRES

02/15/2011

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

\_\_\_\_\_ Date