

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 615795

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** ITALIANO INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3021 SWANN AVE  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18425  
TAMPA, FL 336798425 US

**New Mailing Address:**

**FEI Number:** 59-1892236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ITALIANO, JEFFREY G  
3021 SWANN AVENUE  
TAMPA, FL 33609 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: DV  
Name: ITALIANO, NELSON A II  
Address: 150 PALM AVE  
City-St-Zip: BOCA GRANDE, FL

Title: DP  
Name: ITALIANO, JEFFREY G  
Address: P.O. BOX 18425  
City-St-Zip: TAMPA, FL 33679

Title: DST  
Name: ITALIANO, JANE M  
Address: P.O. BOX 18425  
City-St-Zip: TAMPA, FL 33679

Title: VP  
Name: LEVESQUE, JODY I  
Address: 208 S. O'BRIEN STREET  
City-St-Zip: TAMPA, FL 33609

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: JEFFREY G. ITALIANO

DP

01/05/2011

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

\_\_\_\_\_  
Date