2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

DOCUMENT# 654131

Entity Name: MARKS INSURANCE AGENCY, INC.

Current Principal Place of Business:

61 AVENUE E
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

PO BOX 129
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 59-1963314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKS, C A III
61 AVENUE E
APALACHICOLA, FL 32320 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: MARKS, C A III
Address: 61 AVE E
City-St-Zip: APALACHICOLA, FL 32320

Title: ST
Name: MARKS, NINA M
Address: 61 AVE E
City-St-Zip: APALACHICOLA, FL 32320

Title: V.P.
Name: MARKS, NATHAN W
Address: 2344 HANSEN LANE, UNIT 2
City-St-Zip: TALLAHASSEE, FL 32301

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: C. A. MARKS, III PRES 02/11/2011
Electronic Signature of Signing Officer or Director Date