

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 668520

FILED
Feb 14, 2011
Secretary of State

Entity Name: MITCH COLLIER INSURANCE AGENCY, INC.

Current Principal Place of Business:

9834 RED REEF COURT
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

9834 RED REEF COURT
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-2000326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMSKI, ROBERT C.
1314 CAPE CORAL PKWY E.
CAPE CORAL, FL 33904 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: PD
Name: COLLIER, MITCHELL
Address: 9834 RED REEF CT
City-St-Zip: FT MYERS, FL 33919 US

Title: STD
Name: COLLIER, KATHLEEN
Address: 9834 RED REEF CT
City-St-Zip: FT MYERS, FL 33919 US

Title: D
Name: COLLIER, TIMOTHY
Address: 5631 SOLERA COURT
City-St-Zip: FT MYERS, FL 33919 US

Title: D
Name: MORRIS, SHANON C
Address: 2004 NE 42 TERRACE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: D
Name: MORRIS, PHILLIP
Address: 2004 NE 42 TERRACE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: D
Name: COLLIER, MARIA
Address: 5631 SOLERA COURT
City-St-Zip: FT MYERS, FL 33919 US

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: MITCH COLLIER

PD

02/14/2011

Electronic Signature of Signing Officer or Director

Date