

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 680631

FILED
Feb 15, 2012
Secretary of State

Entity Name: WOLF INSURANCE AGENCY, INC.

Current Principal Place of Business:

10133 N.W. 24TH PLACE
SUITE 410
SUNRISE, FL 33322 US

New Principal Place of Business:

6111 BROKEN SOUND PARKWAY, NW
207
BOCA RATON, FL 33487 US

Current Mailing Address:

10133 N.W. 24TH PLACE
SUITE 410
SUNRISE, FL 33322 US

New Mailing Address:

540 CARRINGTON DRIVE
WESTON, FL 33326 US

FEI Number: 59-2024235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, KURT M
10133 N.W 24TH PLACE
SUITE 410
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

LEVINE, BARBARA W
6111 BROKEN SOUND PARKWAY
207
BOCA RATON, FL 33487 US

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: BARBARA W. LEVINE

02/15/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LEVINE, BARBARA W
Address: 6111 BROKEN SOUND PARKWAY NW #207
City-St-Zip: BOCA RATON, FL 33487

Title: S
Name: CONRAD, LILLIAN W
Address: 540 CARRINGTON DRIVE
City-St-Zip: WESTON, FL 33326

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: LILLIAN W CONRAD

S

02/15/2012

Electronic Signature of Signing Officer or Director

Date