

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686531

FILED
Feb 07, 2011
Secretary of State

Entity Name: THOMAS E. CORKHILL INSURANCE AGENCY INC.

Current Principal Place of Business:

700 WINTHROP PLACE
ORLANDO, FL 32803 US

New Principal Place of Business:

6639 CRENSHAW DRIVE
ORLANDO, FL 32835 US

Current Mailing Address:

700 WINTHROP PLACE
ORLANDO, FL 32803 US

New Mailing Address:

6639 CRENSHAW DRIVE
ORLANDO, FL 32835 US

FEI Number: 59-2031098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORKHILL, THOMAS E.
700 WINTHROP PLACE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

CORKHILL, THOMAS E.
6639 CRENSHAW DRIVE
ORLANDO, FL 32835 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:

02/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VS
Name: CORKHILL, LINDA J
Address: 6639 CRENSHAW DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: PT
Name: CORKHILL, THOMAS E
Address: 6639 CRENSHAW DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: V
Name: WILSON, CAROL C.
Address: 381 N. SHADOWBAY BLVD.
City-St-Zip: LONGWOOD, FL 32779

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: THOMAS E. CORKHILL

PRES

02/07/2011

Electronic Signature of Signing Officer or Director

Date