2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# F09000000184

Entity Name: AGENTS INSURANCE SERVICE OF OHIO, INC.

Current Principal Place of Business:

10390 WASHINGTON PALM WAY #4436
FT MYERS, FL 33912

New Principal Place of Business:

10390 WASHINGTON PALM WAY #4436
FT MYERS, FL 33966

Current Mailing Address:

6900-20 DANIELS PKWY SUITE 347
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 34-1097394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, TERRENCE
6900-29 DANIELS PKWY
SUITE 347
FT MYERS, FL 33912 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: PS
Name: MORRISON, TERRENCE
Address: 10390 WASHINGTON PALM WAY #4436
City-St-Zip: FT MYERS, FL 33966

Title: VPT
Name: MORRISON, LYNN
Address: 10390 WASHINGTON PALM WAY #4436
City-St-Zip: FT MYERS, FL 33966

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: LYNN D. MORRISON V-P 04/28/2011

Electronic Signature of Signing Officer or Director — Date