2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# F10000000802

Entity Name: COLORADO INSURANCE CENTER, INC.

Current Principal Place of Business:

464 MAIN STREET
DELTA, CO 81416

New Principal Place of Business:

Current Mailing Address:

464 MAIN STREET
DELTA, CO 81416

New Mailing Address:

FEI Number: 84-1538744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LANE, SUITE 200
TARPON SPRINGS, FL 34688 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: PERCEFULL, BRADLEY B
Address: 3447 1360 RD.
City-St-Zip: DELTA, CO 81416

Title: VPT
Name: TAFOYA, RICHARD A
Address: 4598 COLOROW RD.
City-St-Zip: OLATHE, CO 81425

Title: VPS
Name: STANSBERRY, SEAN M
Address: 14706 5875 RD.
City-St-Zip: MONTROSE, CO 81401

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: BRAD B PERCEFULL P 01/03/2012

Electronic Signature of Signing Officer or Director Date