

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002517

FILED
Feb 15, 2011
Secretary of State

Entity Name: W.N. TUSCANO AGENCY, INC.

Current Principal Place of Business:

950 HIGHLAND AVENUE
GREENSBURG, PA 15601

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1027
GREENSBURG, PA 15601

New Mailing Address:

FEI Number: 23-2043946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOELLE, TIMOTHY
6300 7TH AVENUE NORTH
ST. PETERSBURG, FL 33710 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: D
Name: TUSCANO, WILLIAM N
Address: 121 LIGONIER 157 ROAD
City-St-Zip: LIGONIER, PA 15658

Title: D
Name: TUSCANO, ROBERT
Address: 104 SAMUEL LANE
City-St-Zip: LIGONIER, PA 15658

Title: P
Name: TUSCANO, ROBERT B
Address: 104 SAMUEL LANE
City-St-Zip: LIGONIER, PA 15658

Title: VP
Name: TUSCANO, VIRGINIA
Address: 441 N. MAPLE AVENUE
City-St-Zip: GREENSBURG, PA 15601

Title: S
Name: HILL, JOADY
Address: ROAD #5 BOX 260
City-St-Zip: MT. PLEASANT, PA 15666

Title: T
Name: TUSCANO, TERESA
Address: 104 SAMUEL LANE
City-St-Zip: LIGONIER, PA 15658

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: ROBERT B TUSCANO

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02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date