

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004179

FILED  
Apr 12, 2012  
Secretary of State

Entity Name: CFS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4025 COMMUNITY DR  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

4025 COMMUNITY DR  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 84-0599074

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 STE 200  
TARPON SPRINGS, FL 34688 US

**Name and Address of New Registered Agent:**

PLAUCHE, TRACY M  
4025 COMMUNITY DR  
JUPITER, FL 33458 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: TRACY PLAUCHE

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PLAUCHE, LAWRENCE A  
Address: 4025 COMMUNITY DR  
City-St-Zip: JUPITER, FL 33458

Title: VP  
Name: PLAUCHE, TRACY M  
Address: 4025 COMMUNITY DR  
City-St-Zip: JUPITER, FL 33458

Title: SECT  
Name: PLAUCHE, LAWRENCE A  
Address: 4025 COMMUNITY DR  
City-St-Zip: JUPITER, FL 33458

Title: TRSR  
Name: PLAUCHE, TRACY M  
Address: 4025 COMMUNITY DR  
City-St-Zip: JUPITER, FL 33458

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: TRACY PLAUCHE

VP

04/12/2012

Electronic Signature of Signing Officer or Director

Date