

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F27932

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** MEMBERS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1005 W. BUSCH BLVD., SUITE 108  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1005 W. BUSCH BLVD., SUITE 108  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 59-2072121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTTITTA, LOUIS J.  
1005 W. BUSCH BLVD., SUITE 108  
TAMPA, FL 33612 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: DPS  
Name: BUTTITTA, LOUIS J.  
Address: 1005 W. BUSCH BLVD #108  
City-St-Zip: TAMPA, FL 33612 US

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: LOUIS J. BUTTITTA

OWNE

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date