

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84361

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** SAWYER INSURANCE, INC.

**Current Principal Place of Business:**

1412 ROYAL PALM SQ BLVD  
STE 104  
FT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9284  
FT MYERS, FL 33902 US

**New Mailing Address:**

**FEI Number:** 59-2124624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAWYER, HENRY R  
1412 ROYAL PALM SQ BLVD STE 104  
FT MYERS, FL 33919 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: SAWYER, HENRY R  
Address: 19001 WITTS END  
City-St-Zip: ALVA, FL 33920

Title: S  
Name: SAWYER, DEANNE W  
Address: 19001 WITTS END  
City-St-Zip: ALVA, FL 33920

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: HENRY R. SAWYER

P

02/07/2012

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

\_\_\_\_\_  
Date