

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F86583

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8646 OLD CULTER RD  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

8646 OLD CULTER RD  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 65-0271753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRYER, THOMAS E  
8646 OLD CULTER RD  
MIAMI, FL 33143 US

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

FRYER, THOMAS E SR  
8646 OLD CULTER RD  
MIAMI, FL 33143 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:** THOMAS E FRYER

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** FRYER, THOMAS E  
**Address:** 8646 OLD CUTLER RENP  
**City-St-Zip:** MIAMI, FL 33143

**Title:** ST  
**Name:** FRYER, PATRICIA W  
**Address:** 8646 OLD CUTLER RD  
**City-St-Zip:** MIAMI, FL 33143

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:** THOMAS E FRYER

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date