

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92776

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** BUSINESS AND FAMILY INSURORS, INC.

**Current Principal Place of Business:**

1001 HIGHLAND AVE NE  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

1001 HIGHLAND AVE NE  
LARGO, FL 33770 US

**New Mailing Address:**

FEI Number: 59-2232452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CLEMOW, RICHARD E PRES  
1929 ARVIS CIRCLE EAST  
CLEARWATER, FL 33764 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: PD  
Name: CLEMOW, RICHARD E SR.  
Address: 1929 ARVIS CIRCLE EAST  
City-St-Zip: CLEARWATER, FL 33764

Title: SEC  
Name: CLEMOW, MARYANN  
Address: 1929 ARVIS CIRCLE, EAST  
City-St-Zip: CLEARWATER, FL 33764

Title: TRS  
Name: GONZALEZ, KAREN E  
Address: 1865 CAMEO WAY  
City-St-Zip: CLEARWATER, FL 33756

Title: VP  
Name: CLEMOW, RICHARD E JR  
Address: 1544 LIME ST.  
City-St-Zip: CLEARWATER, FL 33756

Title: VP  
Name: CLEMOW, RONALD G  
Address: 1867 CAMEO WAY  
City-St-Zip: CLEARWATER, FL 33756

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: KAREN E GONZALEZ

TRS

05/03/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date