

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001259

**FILED**  
**May 22, 2012**  
**Secretary of State**

**Entity Name:** STUART INSURANCE AGENCY CORP.

**Current Principal Place of Business:**

1325 SATELLITE BLVD, SUITE 803  
SUWANEE, GA 30024

**New Principal Place of Business:**

11180 STATE BRIDGE RD  
STE 401  
ALPHARETTA, GA 30022

**Current Mailing Address:**

1325 SATELLITE BLVD, SUITE 803  
SUWANEE, GA 30024

**New Mailing Address:**

11180 STATE BRIDGE RD  
STE 401  
ALPHARETTA, GA 30022

FEI Number: 58-2422450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: STUART, JAMES H.M.  
Address: 11180 STATE BRIDGE RD STE 401  
City-St-Zip: ALPHARETTA, GA 30022

Title: ST  
Name: STUART, JAMES  
Address: 11180 STATE BRIDGE RD STE 401  
City-St-Zip: ALPHARETTA, GA 30022

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: JAMES STUART

PRES

05/22/2012

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

\_\_\_\_\_ Date