2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# G08749

Entity Name: SCALISE-TOWNSEND INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

1855 W. SR 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1084 BLOOMSBURY RUN
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-2237317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS SCALISE
1084 BLOOMSBURY RUN
LAKE MARY, FL 32746 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: DV
Name: SCALISE, MARY J DV
Address: 1084 BLOOMSBURY RUN
City-St-Zip: LAKE MARY, FL 32746

Title: DP
Name: SCALISE, THOMAS DP
Address: 1084 BLOOMSBURY RUN
City-St-Zip: LAKE MARY, FL 32746

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 SCALISE PR. 02/16/2011

Electronic Signature of Signing Officer or Director Date