

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60552

FILED  
Feb 19, 2012  
Secretary of State

**Entity Name:** HARRELL AND ASSOCIATES INSURANCE AGENCY INC.

**Current Principal Place of Business:**

234 SPORTSMAN DRIVE  
WELAKA, FL 32193 US

**New Principal Place of Business:**

**Current Mailing Address:**

234 SPORTSMAN DRIVE  
WELAKA, FL 32193 US

**New Mailing Address:**

**FEI Number:** 59-2329691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRELL, T. CARL  
234 SPORTSMAN DRIVE  
WELAKA, FL 32193 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: HARRELL, THOMAS C  
Address: 234 SPORTSMAN DR.  
City-St-Zip: WELAKA, FL 32193

Title: VP  
Name: HARRELL, JOAN R.  
Address: 234 SPORTSMAN DR.  
City-St-Zip: WELAKA, FL 32193

Title: T  
Name: HARRELL, RANDALL D.  
Address: 1043 SEABREEZE AVE.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S  
Name: OSHMAN, LISA L  
Address: 1168 RAVENSCROFT LANE  
City-St-Zip: ST AUGUSTINE, FL 32095

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 CARL HARRELL

PD

02/19/2012

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

\_\_\_\_\_  
Date