

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66465

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** PARK AVENUE INSURANCE AGENCY INCORORATED

**Current Principal Place of Business:**

2723 SOUTH WESTERMORELAND DRIVE  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

2723 SOUTH WESTERMORELAND DRIVE  
ORLANDO, FL 32805 US

**New Mailing Address:**

**FEI Number:** 59-2343384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, BRAD  
2723 SOUTH WESTMORELAND DRIVE  
ORLANDO, FL 32805 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: THOMPSON, BRAD PRES  
Address: 2723 SOUTH WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL

Title: VP  
Name: THOMPSON, SHEILA V P  
Address: 2723 SOUTH WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL

Title: V  
Name: DICKERSON, ALYSIA VP  
Address: 6710 DANCY COURT  
City-St-Zip: ORLANDO, FL 32819

Title: V  
Name: THOMPSON, DERRICK VP  
Address: 2723 SOUTH WESTERMORELAND DRIVE  
City-St-Zip: ORLANDO, FL 32805 US

Title: V  
Name: CHESANEK, ANGELA DIR  
Address: 2723 S. WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL 32805

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: BRADLEY THOMPSON

PRES

01/17/2011

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

\_\_\_\_\_ Date