

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71950

FILED
Feb 07, 2012
Secretary of State

Entity Name: DUPONT INSURANCE AGENCY, INCORPORATED

Current Principal Place of Business:

1229 N. MONROE ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 7021
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-2345376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPONT, SYLVIA G PRES
1229 N. MONROE ST
TALLAHASSEE, FL 32303 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: DUPONT, SYLVIA G.
Address: 1229 N. MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: VST
Name: DUPONT, DINARI
Address: 13845 CEPHEUS DR
City-St-Zip: ORLANDO, FL 32808

Title: AVP
Name: DUPONT, AKIL
Address: 3113 PONTIAC DR
City-St-Zip: TALLAHASSEE, FL 32301

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: SYLVIA G DUPONT

PRES

02/07/2012

Electronic Signature of Signing Officer or Director

Date