2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

DOCUMENT# H42146

Entity Name: KISSIMMEE INSURANCE, INC.

Current Principal Place of Business:

802 MONTCLAIR DR
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

PO. BOX 120490
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 59-2766540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYER, MICHAEL
19338 HEAVENS HILL LN
CLERMONT, FL 34715 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: PT
Name: BOYER, MICHAEL F.
Address: P.O. BOX 120490
City-St-Zip: CLERMONT, FL 34712

Title: VS
Name: HOLLINGSED, ROBERT
Address: 802 MONTCLAIR DR
City-St-Zip: KISSIMMEE, FL 34744

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: MICHAEL F. BOYER PRES 03/26/2012

Electronic Signature of Signing Officer or Director Date