

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H86867

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** RUPERT SMITH INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

10 E OAK STREET  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 150  
ARCADIA, FL 34265 US

**New Mailing Address:**

**FEI Number:** 59-2684292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRAZIER, TERRI S  
4480 NE HWY 70  
ARCADIA, FL 34266 US

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

DONALDSON, COLLEEN S  
191 STANHOPE STREET  
PORT CHARLOTTE, FL 33954 US

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:** COLLEEN S DONALDSON

02/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** DONALDSON, COLLEEN S.  
**Address:** 191 STANHOPE STREET  
**City-St-Zip:** PORT CHARLOTTE, FL 33954

**Title:** VD  
**Name:** FRAZIER, TERRI S.  
**Address:** 9875 SW CR 761  
**City-St-Zip:** ARCADIA, FL 34269

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:** COLLEEN S DONALDSON

PSD

02/17/2012

Electronic Signature of Signing Officer or Director

Date