

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32457

FILED
Jan 23, 2012
Secretary of State

Entity Name: DEPOT INSURANCE, INC.

Current Principal Place of Business:

437 HICK POOCHEE AVE
LA BELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 189
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 59-2712483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUONO, MARY E
437 HICK POOCHEE AVE
LABELLE, FL 33935 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: PST
Name: BUONO, MARY E
Address: 17434 TALLULAH FALLS RD
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: VD
Name: BUONO, MARY E
Address: 17434 TALLULAH FALLS RD
City-St-Zip: NORTH FORT MYERS, FL 33917 US

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: MARY E.BUONO

P,VP

01/23/2012

Electronic Signature of Signing Officer or Director

Date