

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68150

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** CARLOCK & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

621 CAPE CORAL PKWY E  
STE 3  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

621 CAPE CORAL PKWY E  
STE 3  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 59-2782754      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROSSELL, KEITH E  
621 CAPE CORAL PKWY E  
STE 3  
CAPE CORAL, FL 33904 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: PSD  
Name: ROSSELL, KEITH E  
Address: 2245 CAPE HEATHER CIR  
City-St-Zip: CAPE CORAL, FL 33991

Title: VPTD  
Name: CARLOCK, SANDRA  
Address: 1632 EMERALD COVE DR  
City-St-Zip: CAPE CORAL, FL 33991

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: KEITH E ROSSELL

PSD

01/04/2011

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

\_\_\_\_\_ Date