

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K23794

FILED
Mar 07, 2011
Secretary of State

Entity Name: MUTUAL INSURANCE AGENCY OF NW FLORIDA, INC.

Current Principal Place of Business:

2164 CALLE DE CASTELAR
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1418
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-2888894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRUZINSKI, LURA L
115 FULMAR CIRCLE
FT WALTON BEACH, FL 32548 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: PD
Name: ROOD, RUSSELL E JR
Address: 2164 CALLE DE CASTELAR
City-St-Zip: NAVARRE, FL USA

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: RUSSELL E ROOD JR

PD

03/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date