

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K75519

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** KARL A. SESSLER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5861 MARGATE BLVD.  
MARGATE, FL 33063

**New Principal Place of Business:**

6260 WEST ATLANTIC BOULEVARD  
MARGATE, FL 33063 51

**Current Mailing Address:**

5861 MARGATE BLVD.  
MARGATE, FL 33063

**New Mailing Address:**

6260 WEST ATLANTIC BOULEVARD  
MARGATE, FL 33063 51

FEI Number: 65-0122278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SESSLER, KARL A.  
5861 MARGATE BLVD.  
MARGATE, FL 33063 US

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

SESSLER, KARL A.  
6260 WEST ATLANTIC BOULEVARD  
MARGATE, FL 33063 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: KARL A. SESSLER

02/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSDT  
Name: SESSLER, KARL A.  
Address: 6260 WEST ATLANTIC BOULEVARD  
City-St-Zip: MARGATE, FL 33063 51

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: KARL A. SESSLER

PSTD

02/01/2011

Electronic Signature of Signing Officer or Director

Date