

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41746

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** VANALLEN-CLIFFORD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

DEBBIE SHAW  
117 N. SEMINOLE AVENUE  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

117 N. SEMINOLE AVENUE  
INVERNESS, FL 34450 US

**Current Mailing Address:**

DEBBIE SHAW  
117 N. SEMINOLE AVENUE  
INVERNESS, FL 34450 US

**New Mailing Address:**

117 N. SEMINOLE AVENUE  
INVERNESS, FL 34450 US

FEI Number: 59-2992644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LINDA C VANALLEN  
117 NORTH SEMINOLE AVENUE  
INVERNESS, FL 34450 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: D  
Name: VANALLEN, LINDA C.  
Address: 117 N. SEMINOLE AVE.  
City-St-Zip: INVERNESS, FL 34450 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: LINDA C. VANALLEN

D

01/07/2011

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

\_\_\_\_\_  
Date