

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L55385

FILED  
Feb 09, 2011  
Secretary of State

**Entity Name:** RICHARD T. WALDE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

552 PONDEROSA ST.  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

552 PONDEROSA ST.  
MELBOURNE, FL 32904 US

**New Mailing Address:**

**FEI Number:** 65-0178180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STATE FARM INSURANCE  
C/O RICHARD T. WALDE  
18383 NE 18TH RD  
MIAMI, FL 33179 US

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

WALDE, RICHARD T  
552 PONDEROSA ST  
MELBOURNE, FL 32904 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: RICHARD T WALDE

02/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALDE, RICHARD T  
Address: 552 PONDEROSA ST.  
City-St-Zip: MELBOURNE, FL 32904 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: RICHARD T WALDE

PRES

02/09/2011

Electronic Signature of Signing Officer or Director

Date