## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82960

FILED Apr 28, 2011 Secretary of State

Entity Name: BLUE CHIP INSURANCE AGENCY, INCORPORATION

Current Principal Place of Business:		New Principal Place of	Business:
20490 SUGARLOAF MT. CLERMONT, FL 34715			
Current Mailing Address:		New Mailing Address:	
PO BOX 2301 WINTER PARK, FL 3279	0 US		
FEI Number: 59-3020056	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
CALDWELL, JAMES M. 20490 SUGARLOAF MTN CLERMONT, FL 34715	I. RD. US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.			
SIGNATURE:			
Electroni	ic Signature of Registered Ager	nt	Date

## **OFFICERS AND DIRECTORS:**

Title: DF

Name: CALDWELL, JAMES M.
Address: 20490 SUGARLOAF MTN. RD.
City-St-Zip: CLERMONT, FL 34715

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: JAMES M. CALDWELL DP 04/28/2011