2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# L82960

Entity Name: BLUE CHIP INSURANCE AGENCY, INCORPORATION

Current Principal Place of Business:

20490 SUGARLOAF MT. RD.
CLERMONT, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2301
WINTER PARK, FL 32790 US

New Mailing Address:

PO BOX 549
MINNEOLA, FL 34755 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:

CALDWELL, JAMES M.
20490 SUGARLOAF MTN. RD.
CLERMONT, FL 34715 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: DP
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 04/19/2012

Electronic Signature of Signing Officer or Director Date