

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95131

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** MICHAEL P. CAPLAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

MICHAEL P. CAPLAN INS  
2522 N. STATE RD. 7  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

MICHAEL P. CAPLAN INS  
2522 N. STATE RD. 7  
MARGATE, FL 33063 US

**New Mailing Address:**

**FEI Number:** 65-0215272      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAPLAN, MICHAEL P.  
2522 N SR 7  
MARGATE, FL 33063 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: CAPLAN, MICHAEL P.  
Address: 3100 NE 48TH CT # 304  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: MICHAEL P. CAPLAN

P

01/06/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date