2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# L97354

Entity Name: ARMSTRONG AND BOSH INSURANCE AGENCY INC.

Current Principal Place of Business:

5454 NORMANDY BLVD
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

5454 NORMANDY BLVD
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3034798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSH, STEVEN E
5454 NORMANDY BLVD
JACKSONVILLE, FL 32205 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: 1VP
Name: BOSH, CECILE JOAN
Address: 2579 PARRISH CEMETARY RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: P
Name: BOSH, STEVEN E
Address: 2579 PARRIH CEMETARY RD.
City-St-Zip: JACKSONVILLE, FL 32221

Title: 2VP
Name: BURGSTINER, OPAL
Address: 8514 MANNING CEMETARY RD.
City-St-Zip: JACKSONVILLE, FL 32234

Title: S
Name: COCCO, ROBBIE L
Address: 10653 GRAYSON COURT
City-St-Zip: JACKSONVILLE, FL 32220

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: STEVEN E BOSH PRES 01/06/2012

Electronic Signature of Signing Officer or Director Date