

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M75312

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** BALLO & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

10998 BONITA BEACH RD.  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1989  
BONITA SPRINGS, FL 341331989 US

**New Mailing Address:**

**FEI Number:** 65-0037006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALLO, DONALD  
9746 SPRING RIDGE CIRCLE  
ESTERO, FL 33928 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: PT  
Name: BALLO, DONALD W.  
Address: 9746 SPRING RIDGE CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: VS  
Name: BALLO, CAMILLE R.  
Address: 9746 SPRING RIDGE CIRCLE  
City-St-Zip: ESTERO, FL 33928

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: DON BALLO

PRES

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date