

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M92985

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** FIORELLA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

515 SW CENTRAL PARKWAY  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 SW CENTRAL PARKWAY  
STUART, FL 34994 US

**New Mailing Address:**

FEI Number: 65-0067142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FIORELLA, NICK  
1410 N.W. FORK ROAD  
STUART, FL 34994 US

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

FIORELLA, NICK  
325 SE ST LUCIE BLVD  
STUART, FL 34996 US

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

01/09/2012

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FIORELLA, NICK  
Address: 325 SE ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: D  
Name: FIORELLA, SHARON  
Address: 325 SE ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: V  
Name: FIORELLA, JOHN NICHOLAS JR  
Address: 515 SE CENTRAL PARKWAY  
City-St-Zip: STUART, FL 34994

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: NICK FIORELLA

Electronic Signature of Signing Officer or Director

PRES

01/09/2012

Date