2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2012
Secretary of State

DOCUMENT# P00000024669

Entity Name: ANDO INSURANCE SERVICES, INC.

Current Principal Place of Business:

3546 ST JOHNS BLUFF RD
109
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3546 ST JOHNS BLUFF RD
109
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3628160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDO, STEPHANIE Y
3546 ST JOHNS BLUFF RD
109
JACKSONVILLE, FL 32224 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: D
Name: ANDO, STEPHANIE Y
Address: 3546 ST JOHNS BLUFF RD #109
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP
Name: ANDO, STEPHEN L
Address: 1351 MARSH HARBOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

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: STEPHANIE ANDO D 01/27/2012

Electronic Signature of Signing Officer or Director — Date