

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030729

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

417 NE 25TH AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

814 E. SILVER SPRINGS BLVD.  
SUITE D  
OCALA, FL 34470

**Current Mailing Address:**

417 NE 25TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

814 E. SILVER SPRINGS BLVD.  
SUITE D  
OCALA, FL 34470

**FEI Number:** 59-3634868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BODZO, STEPHEN J  
417 NE 25TH AVENUE  
OCALA, FL 34470 US

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

BODZO, STEPHEN J  
814 E. SILVER SPRINGS BLVD.  
SUITE D  
OCALA, FL 34470 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:

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BODZO, STEPHEN J  
Address: 814 E. SILVER SPRINGS BLVD.,SUITE D  
City-St-Zip: Ocala, FL 34470

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: STEPHEN J. BODZO

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date