

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037724

Entity Name: PLATZ INSURANCE, INC.

FILED  
Feb 17, 2010  
Secretary of State

**Current Principal Place of Business:**

8480 OKEECHOBEE BLVD STE 6  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

8480 OKEECHOBEE BLVD STE 6  
SUITE 6  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

8480 OKEECHOBEE BLVD STE 6  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

8480 OKEECHOBEE BLVD STE 6  
SUITE 6  
WEST PALM BEACH, FL 33411

FEI Number: 65-0999161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOPKO, JAMES  
853 SE MONTEREY COMMONS BLVD  
STUART, FL 34996 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PLATZ, RICHARD L  
Address: 8480 OKKECHOBEE BLVD, SUITE 6  
City-St-Zip: WEST PALM BEACH, FL 33411

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: RICHARD L PLATZ

PRES

02/17/2010

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

\_\_\_\_\_ Date