2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# P00000046194

Entity Name: JOHN CROWELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

9700 PHILIPS HIGHWAY
SUITE 109
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9700 PHILIPS HIGHWAY
SUITE 109
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3645255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ
ONE INDEPENDENT DR., STE. 2200
JACKSONVILLE, FL 32202 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: PRES
Name: CROWELL, JOHN
Address: 3365 BISHOP ESTATES RD
City-St-Zip: ST JOHNS, FL 32259

Title: SEC
Name: CROWELL, ANNETTE
Address: 3365 BISHOP ESTATES RD
City-St-Zip: ST JOHNS, FL 32259

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: JOHN T CROWELL PRES 01/03/2011

Electronic Signature of Signing Officer or Director Date