

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000047911

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** JIM GIACINTO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

660 N US HWY ONE  
TEQUESTA, FL 33469

**New Principal Place of Business:**

3 DELANO LN  
STUART, FL 34996

**Current Mailing Address:**

660 N US HWY ONE  
TEQUESTA, FL 33469

**New Mailing Address:**

3 DELANO LN  
STUART, FL 34996

**FEI Number:** 65-1007678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIACINTO, JIM  
1001 ALTERNATE A1A  
# 117  
JUPITER, FL 33477 US

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

GIACINTO, JIM  
3 DELANO LN  
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:** JIM GIACINTO

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GIACINTO, JIM  
**Address:** 3 DELANO LN  
**City-St-Zip:** STUART, FL 34996

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:** JIM GIACINTO

PRES

04/01/2011

Electronic Signature of Signing Officer or Director

Date