2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# P00000065734

Entity Name: HARVEY INSURANCE AGENCY, INC.

Current Principal Place of Business:

1023 STATE RD 20
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1854
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 59-3654382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEYSER, TIMOTHY
501 ATLANTIC AVENUE
INTERLACHEN, FL 32148 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: PD
Name: HARVEY, LAWRENCE
Address: P.O. BOX 1854
City-St-Zip: INTERLACHEN, FL 32148

Title: S
Name: HARVEY, LYNDA R
Address: 111 SASSO DRIVE
City-St-Zip: INTERLACHEN, FL 32148

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: LAWRENCE HARVEY PD 04/19/2011

Electronic Signature of Signing Officer or Director Date