

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000079561

**Entity Name:** KARDOS INSURANCE, INC.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1460 BELTREES ST.  
SUITE 11  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

920 MAPLE RIDGE ROAD  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 59-3668281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARDOS, JULIE  
920 MAPLE RIDGE ROAD  
PALM HARBOR, FL 34683 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: KARDOS, JULIE  
Address: 920 MAPLE RIDGE ROAD  
City-St-Zip: PALM HARBOR, FL 34683

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: JULIE KARDOS

PRES

02/10/2012

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

\_\_\_\_\_  
Date