2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# P00000087070

Entity Name: BLACK BEAR INSURANCE AGENCY, INC.

Current Principal Place of Business:

260 WEKIVA SPRINGS ROAD
SUITE 1000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 914700
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 59-3670118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: ROBERTS, D. GENE
Address: 280 WEKIVA SPRINGS RD SUITE 1040
City-St-Zip: LONGWOOD, FL 32779

Title: ST
Name: CECCONI, KELLY A
Address: 260 WEKIVA SPRINGS ROAD SUITE 1040
City-St-Zip: LONGWOOD, FL 32779

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: KELLY CECCONI CFO 04/13/2011

Electronic Signature of Signing Officer or Director Date