

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008720

FILED
Mar 06, 2012
Secretary of State

Entity Name: MIKE BELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

13529 BEACH BLVD
STE 202B
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13529 BEACH BLVD
STE 202B
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3696222 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BELL, MICHAEL S PRES
13833 WINDJAMMER LANE
JACKSONVILLE, FL 32224 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: PTD
Name: BELL, MICHAEL S
Address: 13833 WINDJAMMER LANE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VS
Name: BELL, CHRISTINE D
Address: 13833 WINDJAMMER LANE
City-St-Zip: JACKSONVILLE, FL 32224

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: MICHAEL S BELL

PRES

03/06/2012

Electronic Signature of Signing Officer or Director

Date