

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000064268

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** INSURPRO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

884 SW ST LUCIE WEST BLVD  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

884 SW ST LUCIE WEST BLVD  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 65-1118394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WYPYHOSKI, RICHARD J JR  
884 SW ST LUCIE WEST BLVD  
PORT ST LUCIE, FL 34986 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: PRTR  
Name: WYPYHOSKI, RICHARD J JR  
Address: 16 HARBOUR ISLE DR W, UNIT 106  
City-St-Zip: FORT PIERCE, FL 34949

Title: VSEC  
Name: WYPYHOSKI, PEGGY A  
Address: 16 HARBOUR ISLE DR W, UNIT 106  
City-St-Zip: FORT PIERCE, FL 34949

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: RICHARD J WYPYHOSKI JR

PRES

02/23/2011

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

\_\_\_\_\_  
Date