

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000006952

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

611 SW FEDERAL HWY, SUITE G-2  
STUART, FL 34994

**New Principal Place of Business:**

2920 SE FALMOUTH DR  
STUART, FL 34997

**Current Mailing Address:**

611 SW FEDERAL HWY, SUITE G-2  
STUART, FL 34994

**New Mailing Address:**

P O BOX 5  
STUART, FL 34995

**FEI Number:** 72-1520261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, TIMOTHY W  
2920 SE FALMOUTH DRIVE  
STUART, FL 34997 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: WILSON, TIMOTHY W  
Address: 2920 SE FALMOUTH DRIVE  
City-St-Zip: STUART, FL 34997

Title: VSD  
Name: WILSON, MARJORIE A  
Address: 2920 SE FALMOUTH DRIVE  
City-St-Zip: STUART, FL 34997

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: TIMOTHY W WILSON

PRES

02/17/2011

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

\_\_\_\_\_  
Date