2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# P02000006952

Entity Name: INSURANCE CONNECTION AGENCY, INC.

Current Principal Place of Business:

2920 SE FALMOUTH DR
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P O BOX 5
STUART, FL 34995

New Mailing Address:

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 04/10/2012

Electronic Signature of Signing Officer or Director — Date