

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000073747

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** JEFF KOSTIHA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

13191 STARKEY ROAD #10  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

13191 STARKEY ROAD #10  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 41-2048096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARDON, INC. DBA: VERONA LAW GROUP  
7235 1ST AVENUE NORTH  
SAINT PETERSBURG, FL 33707 US

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

JAY VERONA  
721 1ST AVENUE NORTH  
SAINT PETERSBURG, FL 33701 US

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: JEFFREY R KOSTIHA

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P&T  
Name: KOSTIHA, JEFFREY  
Address: 14036 STARBOARD DR  
City-St-Zip: SEMINOLE, FL 33776

Title: VP/S  
Name: KOSTIHA, JEANNE  
Address: 14036 STARBOARD DR  
City-St-Zip: SEMINOLE, FL 33776

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: JEFFREY R KOSTIHA

PRES

03/22/2012

Electronic Signature of Signing Officer or Director

Date