

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092450

Entity Name: CALVIN REAMS INSURANCE, INC.

FILED
Apr 05, 2011
Secretary of State

Current Principal Place of Business:

1910 82ND AVE
SUITE 106
VERO BEACH, FL 32966

New Principal Place of Business:

7150 20TH STREET
SUITE A
VERO BEACH, FL 32966

Current Mailing Address:

1910 82ND AVE
SUITE 106
VERO BEACH, FL 32966

New Mailing Address:

7150 20TH STREET
SUITE A
VERO BEACH, FL 32966

FEI Number: 75-3082204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAMS, CALVIN
1910 82ND AVE
SUITE 106
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

REAMS, CALVIN D
7150 20TH STREET
SUITE A
VERO BEACH, FL 32966 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: CALVIN D. REAMS

04/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: REAMS, CALVIN D
Address: 7150 20TH STREET SUIT A
City-St-Zip: VERO BEACH, FL 32966

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: CALVIN D. REAMS

PRES

04/05/2011

Electronic Signature of Signing Officer or Director

Date