

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099261

FILED
Apr 10, 2012
Secretary of State

Entity Name: SCHILLINGER INSURANCE CENTER OF VENICE, INC.

Current Principal Place of Business:

555 E VENICE AVENUE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

555 E VENICE AVENUE
VENICE, FL 34285

New Mailing Address:

FEI Number: 13-4211052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLINGER, DONALD E
555 E VENICE AVE
VENICE, FL 34285 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: PSTD
Name: SCHILLINGER, DONALD E
Address: 555 E VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: DVP
Name: SCHILLINGER, LINDA L
Address: 555 E VENICE AVE
City-St-Zip: VENICE, FL 34285

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: DONALD E. SCHILLINGER

PRES

04/10/2012

Electronic Signature of Signing Officer or Director

Date