

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000117581

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** THE ASSOCIATES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

525 PLUMOSA AVE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 127  
LONGWOOD, FL 32752

**New Mailing Address:**

PO BOX 127  
LONGWOOD, FL 32752

**FEI Number:** 56-2286218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEAVER, EUGENE  
201 W ATWATER AVE  
EUSTIS, FL 32726 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: P  
Name: WEAVER, NATANIEL  
Address: 107 SO HAMLIN CT  
City-St-Zip: LONGWOOD, FL 32750

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: NATHANIEL WEAVER

P

04/27/2011

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

\_\_\_\_\_  
Date