

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005251

FILED  
Apr 02, 2012  
Secretary of State

Entity Name: SYLVIA P. RUSCHE' INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

104 1ST STREET N  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

104 1ST STREET N  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 06-1671826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RILEY, STEVEN P ESQ.  
4805 W. LAUREL STREET  
SUITE 230  
TAMPA, FL 33607 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: RUSCHE', SYLVIA P  
Address: 104 1ST STREET N  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VP  
Name: RUSCHE, SYLVIA P  
Address: 6250 KIPPS COLONY CT #103  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: S  
Name: RUSCHE', SYLVIA P  
Address: 104 1ST STREET N  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T  
Name: RUSCHE', SYLVIA P  
Address: 104 1ST STREET N  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: C  
Name: RUSCHE', SYLVIA P  
Address: 104 1ST STREET N  
City-St-Zip: SAINT PETERSBURG, FL 33701

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: SYLVIA P RUSCHE

PRES

04/02/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date