

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000000530

**FILED**  
**May 10, 2011**  
**Secretary of State**

**Entity Name:** CAMERON ASBELL INSURANCE AGENCY INC.

**Current Principal Place of Business:**

151 E HATHAWAY AVE  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1173  
BRONSON, FL 32621

**New Mailing Address:**

**FEI Number:** 20-0560355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASBELL, CAMERON  
151 E HATHAWAY AVE  
BRONSON, FL 32621 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: D  
Name: ASBELL, CAMERON  
Address: 151 E HATHAWAY AVE  
City-St-Zip: BRONSON, FL 32621

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: CAMERON ASBELL

PRES

05/10/2011

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

\_\_\_\_\_  
Date