2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2012
Secretary of State

DOCUMENT# P04000019980

Entity Name: PARTNER'S INSURANCE AGENCY, INC.

Current Principal Place of Business:

2610 NW 43 STREET
SUITE 2D
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

P O BOX 147050
PMB 522
GAINESVILLE, FL 32614

New Mailing Address:

2610 NW 43 STREET
SUITE 2D
GAINESVILLE, FL 32606

FEI Number: 75-3144339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, SHEILA J
2610 NW 43RD STREET
SUITE 2D
GAINESVILLE, FL 32606 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: PD
Name: WILLIAMS, SHEILA J
Address: 2610 NW 43RD STREET #2D
City-St-Zip: GAINESVILLE, FL 32606

Title: VP
Name: DRAIN, BEVERLY G
Address: 2610 NW 43RD STREET #2D
City-St-Zip: GAINESVILLE, FL 32606

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: BEVERLY G DRAIN VP 04/05/2012

Electronic Signature of Signing Officer or Director — Date