

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115688

FILED  
Feb 02, 2012  
Secretary of State

Entity Name: CARRON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6760 WEST LINEBAUGH AVENUE  
TAMPA, FL 33625

**New Principal Place of Business:**

8331 GUNN HIGHWAY  
TAMPA, FL 33626

**Current Mailing Address:**

6760 WEST LINEBAUGH AVENUE  
TAMPA, FL 33625

**New Mailing Address:**

8331 GUNN HIGHWAY  
TAMPA, FL 33626

FEI Number: 20-1057616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARRON, LOUIS J JR  
6760 WEST LINEBAUGH AVENUE  
TAMPA, FL 33625 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: CARRON, LOUIS J JR  
Address: 8331 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33626 US

Title: S  
Name: SHENANDOAH, MARCUS L  
Address: 8331 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33626 US

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: LOUIS J CARRON JR

PRES

02/02/2012

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

\_\_\_\_\_  
Date