

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000156402

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** MICHAEL TAUZEL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

13170 ATLANTIC BOULEVARD  
SUITE #61  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

13170 ATLANTIC BOULEVARD  
SUITE #58  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

13170 ATLANTIC BOULEVARD  
SUITE #61  
JACKSONVILLE, FL 32225

**New Mailing Address:**

13170 ATLANTIC BOULEVARD  
SUITE #58  
JACKSONVILLE, FL 32225

**FEI Number:** 20-1912950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAUZEL, MICHAEL  
13170 ATLANTIC BLVD.  
SUITE #61  
JACKSONVILLE, FL 32225 US

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

TAUZEL, MICHAEL  
13170 ATLANTIC BLVD.  
SUITE #58  
JACKSONVILLE, FL 32225 US

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:

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: TAUZEL, MICHAEL  
Address: 13170 ATLANTIC BLVD. #58  
City-St-Zip: JACKSONVILLE, FL 32225 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: MICHAEL TAUZEL

VP

02/25/2011

Electronic Signature of Signing Officer or Director

Date