2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108507

Current Principal Place of Business:

Entity Name: RYAN OCHIPA INSURANCE AGENCY INC.

FILED Jan 10, 2012 Secretary of State

785 W. GRANADA BLVD.
STE. 1
ORMOND BEACH, FL 32174

Current Mailing Address:

New Mailing Address:

New Mailing Address:

785 W. GRANADA BLVD.
STE. 1
ORMOND BEACH, FL 32174

FEI Number: 35-2252190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

New Principal Place of Business:

OCHIPA, RYAN RYAN OCHIPA INSURANCE AGENCY, INC 785 W. GRANADA BLVD. STE 1 ORMOND BEACH, FL 32174 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: OCHIPA, RYAN

Address: 4 COBBLESTONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: T

 Name:
 OCHIPA, JENNIFER

 Address:
 4 COBBLESTONE TRAIL

 City-St-Zip:
 ORMOND BEACH, FL 32174

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: JENNIFER OCHIPA T 01/10/2012