

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114871

FILED
Apr 25, 2011
Secretary of State

Entity Name: KIMMEY INSURANCE SERVICES INC.

Current Principal Place of Business:

517 WALKER RD
SAFETY HARBOR, FL 34695

New Principal Place of Business:

2818 COUNTRYSIDE BLVD
#414
CLEARWATER, FL 33761

Current Mailing Address:

P.O. BOX 246
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 84-1690983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIMMEY, ESTELLE
517 WALKER RD
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

KIMMEY, ESTELLE
2818 COUNTRYSIDE BLVD
#414
CLEARWATER, FL 33761 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

04/25/2011

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: KIMMEY, ESTELLE
Address: 2818 COUNTRYSIDE BLVD #414
City-St-Zip: CLEARWATER, FL 33761

Title: VP
Name: KIMMEY, ALAINA
Address: 1731 CARDINAL DR
City-St-Zip: CLEARWATER, FL 33759

Title: T/S
Name: HAURA, JULIE
Address: 2608 W.WYOMING AVENUE
City-St-Zip: TAMPA, FL 33611

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: ESTELLE KIMMEY

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date