

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2012
Secretary of State

Entity Name: THOMAS MOLONEY INSURANCE AGENCY, INC.

Current Principal Place of Business:

100 CORRIDOR RD SOUTH, SUITE 260
PONTE VEDRA, FL 32082

New Principal Place of Business:

Current Mailing Address:

100 CORRIDOR RD SOUTH, SUITE 260
PONTE VEDRA, FL 32082

New Mailing Address:

FEI Number: 84-1691523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLONEY, THOMAS
100 CORRIDOR RD SOUTH, SUITE 260
PONTE VEDRA, FL 32082 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: DPT
Name: MOLONEY, THOMAS
Address: 100 CORRIDOR RD SOUTH, SUITE 260
City-St-Zip: PONTE VEDRA, FL 32082

Title: DVS
Name: MOLONEY, CHRISTINE
Address: 100 CORRIDOR RD SOUTH, SUITE 260
City-St-Zip: PONTE VEDRA, FL 32082

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: THOMAS MOLONEY

DPT

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date