

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000157298

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** SCOTT COLLINS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

10371 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

3426 PENINSULA CIRCLE  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 20-3864139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, JACK  
3300 UNIVERSITY DRIVE  
SUITE 803  
CORAL SPRINGS, FL 33065 US

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

MILLER, JACK  
5911 NW 61ST MANOR  
PARKLAND, FL 33067 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

01/08/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLLINS, SCOTT  
Address: 10371 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33067

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: LAWRENCE SCOTT COLLINS

PRES

01/08/2011

Electronic Signature of Signing Officer or Director

Date