

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044968

FILED
Mar 22, 2011
Secretary of State

Entity Name: KATHERINE JONES INSURANCE AGENCY, INC.

Current Principal Place of Business:

575 S. HERCULES AVE.
SUITE 604
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

575 S. HERCULES AVE.
SUITE 604
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 43-2101349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KATHERINE
575 S. HERCULES AVE.
SUITE 604
CLEARWATER, FL 33764 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: P
Name: JONES, KATHERINE
Address: 575 S. HERCULES AVE. SUITE 604
City-St-Zip: CLEARWATER, FL 33764

Title: VP
Name: JONES, MARGARET
Address: 1831 OAK PARK DR S
City-St-Zip: CLEARWATER, FL 33764

Title: VP
Name: JONES, MICHAEL
Address: 1831 OAK PARK DR S
City-St-Zip: CLEARWATER, FL 33764

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: KATHERINE JONES

P

03/22/2011

Electronic Signature of Signing Officer or Director

Date