

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067122

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

**Entity Name:** BUD CORNETT INSURANCE AGNECY, INC.

**Current Principal Place of Business:**

5104 NORTH ORANGE BLOSSOM TRAIL  
SUITE 125  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

5104 NORTH ORANGE BLOSSOM TRAIL  
SUITE 125  
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number:** 20-4850852      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORNETT, MARION D  
5104 N. ORANGE BLOSSOM TRAIL  
SUITE 125  
ORLANDO, FL 32810 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: CORNETT, MARION D  
Address: 5104 N. ORANGE BLOSSOM TRIAL #125  
City-St-Zip: ORLANDO, FL 32810

Title: VP  
Name: CORNETT, JO A  
Address: 5104 N ORANGE BLOSSOM TRAIL STE 125  
City-St-Zip: ORLANDO, FL 32810

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: MARION D CORNETT

P

03/08/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date