

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127546

FILED
Jan 06, 2011
Secretary of State

Entity Name: PARTEE INSURANCE AGENCY, INC.

Current Principal Place of Business:

400 COLLEGE DRIVE
SUITE #106
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

584 S. GRAND AVENUE
COVINA, CA 91724

New Mailing Address:

FEI Number: 20-5734512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARTEE, WAYNE M
400 COLLEGE DRIVE
SUITE #106
MIDDLEBURG, FL 32068 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: PARTEE, WAYNE
Address: 973 LAS ROSAS DR.
City-St-Zip: WEST COVINA, CA 91791

Title: ST
Name: PARTEE, KATHEE
Address: 973 LAS ROSAS DR.
City-St-Zip: WEST COVINA, CA 91791

Title: V
Name: PARTEE, CINDI
Address: 973 LAS ROSAS DR.
City-St-Zip: WEST COVINA, CA 91791

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: WAYNE M. PARTEE

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date