

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141046

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** JOSE CASTILLON INSURANCE AGENCY, INC

**Current Principal Place of Business:**

3460 RIDGEWOOD AVENUE  
SUITE B  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

3460 RIDGEWOOD AVENUE  
SUITE B  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

**FEI Number:** 20-5852927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLON, JOSE  
3460 RIDGEWOOD AVE  
SUITE B  
PORT ORANGE, FL 32129 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: CASTILLON, JOSE  
Address: 3460 RIDGEWOOD AVE SUITE B  
City-St-Zip: PORT ORANGE, FL 32129 FL

Title: T  
Name: CASTILLON, JOSE  
Address: 3460 RIDGEWOOD AVE SUITE B  
City-St-Zip: PORT ORANGE, FL 32129 FL

Title: S  
Name: CASTILLON, JOSE  
Address: 3460 RIDGEWOOD AVE SUITE B  
City-St-Zip: PORT ORANGE, FL 32129 FL

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: JOSE CASTILLON

PRES

03/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date