

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147154

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** PLYMOUTH INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2739 US HIGHWAY 19 NORTH  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

2739 US HIGHWAY 19 NORTH  
HOLIDAY, FL 34691

**New Mailing Address:**

**FEI Number:** 22-3947661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORRECA, JOHN A PSTD  
2739 US HIGHWAY 19 NORTH  
HOLIDAY, FL 34691 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: PSTD  
Name: PORRECA, JOHN  
Address: 2739 US HIGHWAY 19 NORTH  
City-St-Zip: HOLIDAY, FL 34691

Title: V  
Name: PORRECA, DEBORAH  
Address: 2739 US HIGHWAY 19 NORTH  
City-St-Zip: HOLIDAY, FL 34691

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: JOHN A PORRECA

PSTD

03/14/2012

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

\_\_\_\_\_ Date