

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156545

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** CROWN INSURANCE AGENCY OF FLORIDA, INC.

**Current Principal Place of Business:**

850 NW FEDERAL HIGHWAY  
SUITE 417  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

850 NW FEDERAL HIGHWAY  
SUITE 417  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 20-8094716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORONA, RICHARD  
850 NW FEDERAL HIGHWAY  
SUITE 417  
STUART, FL 34994 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: CORONA, RICHARD  
Address: 850 NW FEDERAL HIGHWAY, SUITE 417  
City-St-Zip: STUART, FL 34994

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: RICHARD CORONA

PRES

03/13/2012

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

\_\_\_\_\_  
Date