

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157260

FILED
Apr 20, 2011
Secretary of State

Entity Name: JERALDS INSURANCE AGENCY, INC.

Current Principal Place of Business:

10250 NORMANDY BLVD
STE 501
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

10250 NORMANDY BLVD
STE 501
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 51-0614042 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JERALDS, MICHELLE
10250 NORMANDY BLVD
STE 501
JACKSONVILLE, FL 32221 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: PST
Name: JERALDS, MICHELLE
Address: 10250 NORMANDY BLVD STE 501
City-St-Zip: JACKSONVILLE, FL 32221

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: MICHELLE JERALDS

PRES

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date