

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000009437

Entity Name: NEW WAY INSURANCE AGENCY, INC.

**FILED**  
**Jul 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12939 WALSINGHAM RD  
LARGO, FL 33774

**New Principal Place of Business:**

12990 WALSINGHAM RD  
LARGO, FL 33774

**Current Mailing Address:**

12939 WALSINGHAM RD  
LARGO, FL 33774

**New Mailing Address:**

12990 WALSINGHAM RD  
LARGO, FL 33774

FEI Number: 20-8294419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEWIS, MARK R SR  
6830 CENTRAL AVE SUITE D  
ST PETERSBURG, FL 33707 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: D  
Name: ASBURY, KRISTIN E  
Address: 2109 GULF BLVD #1A  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

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: KRISTIN E ASBURY

OWNE

07/18/2011

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

\_\_\_\_\_  
Date