2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P07000051114

Entity Name: TIM COLLIER INSURANCE AGENCY, INC.

Current Principal Place of Business:

1315 S.E. 47TH STREET
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1315 S.E. 47TH STREET
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 26-0202907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLIER, TIM N
1315 SE 47TH STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

COLLIER, TIMOTHY N
1315 SE 47TH STREET
CAPE CORAL, FL 33904 US

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: TIMOTHY COLLIER 01/06/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: COLLIER, TIMOTHY N
Address: 1315 S.E. 47TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: TRES
Name: COLLIER, MARILEXANDRA
Address: 1315 S.E. 47TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: SECT
Name: COLLIER, MARILEXANDRA
Address: 1315 S.E. 47TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: DIR
Name: COLLIER, TIMOTHY N
Address: 1315 S.E. 47TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: DIR
Name: COLLIER, MARILEXANDRA
Address: 1315 S.E. 47TH STREET
City-St-Zip: CAPE CORAL, FL 33904

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: TIMOTHY COLLIER PRES 01/06/2011
Electronic Signature of Signing Officer or Director Date