2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051114

Entity Name: TIM COLLIER INSURANCE AGENCY, INC.

FILED Jan 06, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: 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:

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: TIM COLLIER PRES 01/06/2012