

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052554

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** DINEEN & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

4114 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

4073 GLENHURST DR. N.  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4073 GLENHURST DR. N.  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 20-8960252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DINEEN, JAMES M  
4114 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

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

DINEEN, JAMES M  
4073 GLENHURST DR. N.  
JACKSONVILLE, FL 32224 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

01/25/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DINEEN, JAMES M  
Address: 4073 GLENHURST DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32224

Title: V  
Name: DINEEN, JEANINE  
Address: 4073 GLENHURST DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32224

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: JAMES M. DINEEN

PSTD

01/25/2011

Electronic Signature of Signing Officer or Director

Date