

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060089

Entity Name: ARB INSURANCE AGENCY INC

FILED  
Mar 15, 2011  
Secretary of State

**Current Principal Place of Business:**

267 JOHN KNOX RD  
SUITE 114  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

267 JOHN KNOX RD  
SUITE 114  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 74-3214848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, ALAN R  
1303 OCALA RD  
107  
TALLAHASSEE, FL 32304 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: V  
Name: BROWN, ALAN R  
Address: 1303 OCALA RD #107  
City-St-Zip: TALLAHASSEE, FL 32304

Title: P  
Name: MITCHUM, JEANETTE M  
Address: 1303 OCALA RD #107  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T  
Name: BROWN, DONOVAN  
Address: 267 JOHN KNOX RD #114  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SECR  
Name: BROWN, TIKITA C  
Address: 1303 OCALA RD #107  
City-St-Zip: TALLAHASSEE, FL 32304

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: ALAN BROWN

P

03/15/2011

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

\_\_\_\_\_  
Date