

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060089

FILED
Apr 02, 2012
Secretary of State

Entity Name: ARB INSURANCE AGENCY INC

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:

BROWN, ALAN R
267 JOHN KNOX RD
SUITE 114
TALLAHASSEE, FL 32303 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:

04/02/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V
Name: BROWN, ALAN R
Address: 267 JOHN KNOX RD #114
City-St-Zip: TALLAHASSEE, FL 32303

Title: P
Name: MITCHUM, JEANETTE M
Address: 267 JOHN KNOX RD #114
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: SECR
Name: BROWN, TIKITA C
Address: 267 JOHN KNOX RD #114
City-St-Zip: TALLAHASSEE, FL 32303

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

V

04/02/2012

Electronic Signature of Signing Officer or Director

Date