

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000082616

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** FIEBE INSURANCE INCORPORATED

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD.  
#102  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

4903 CHIQUITA BLVD  
#2  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 26-0591974      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOOK, PETER J  
27499 RIVERVIEW CENTER BLVD., #102  
BONITA SPRINGS, FL 34134      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** FIEBE, ANDREA J  
**Address:** 25211 DIVOT DRIVE  
**City-St-Zip:** BONIAT SPRINGS, FL 34135

**Title:** DS  
**Name:** LOOK, PETER  
**Address:** 4903 CHIQUITA BOULEVARD  
**City-St-Zip:** CAPE CORAL, FL 33914

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:** PETER LOOK

DS

01/21/2010

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

\_\_\_\_\_  
Date