

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 09, 2011
Secretary of State

Entity Name: JOVITA INSURANCE AGENCY, INC

Current Principal Place of Business:

32909 COLLEGE AVE.
P. O. BOX 189
SAN ANTONIO, FL 33576 US

New Principal Place of Business:

32909 COLLEGE AVE.
SAN ANTONIO, FL 33576 US

Current Mailing Address:

32909 COLLEGE AVE.
P. O. BOX 189
SAN ANTONIO, FL 33576 US

New Mailing Address:

FEI Number: 59-1055604 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MIDILI, PAUL P
32206 PASCO RD.
SAN ANTONIO, FL 33576 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: P
Name: MIDILI, JOHN
Address: 13709 SHEILA LYNN COURT
City-St-Zip: DADE CITY, FL 33525 US

Title: SEC
Name: MIDILI, PAUL P
Address: 32206 PASCO RD. P.O. BOX 162
City-St-Zip: SAN ANTONIO, FL 33576 US

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: PAUL P MIDILI

SEC

08/09/2011

Electronic Signature of Signing Officer or Director

Date