

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102784

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** JOVITA INSURANCE AGENCY, INC

**Current Principal Place of Business:**

32909 COLLEGE AVE.  
SAN ANTONIO, FL 33576 US

**New Principal Place of Business:**

32939 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:**

32939 COLLEGE AVE.  
P. O. BOX 189  
SAN ANTONIO, FL 33576 US

**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

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04/05/2012

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

\_\_\_\_\_  
Date