2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

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Entity Name: SEIBERT INSURANCE AGENCY, INC.

Current Principal Place of Business:

5121 EHRLICH ROAD
SUITE 111
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 270729
TAMPA, FL 33688

New Mailing Address:

FEI Number: 26-1265841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEIBERT, V. KEITH
13350 GOLF CREST CIRCLE
TAMPA, FL 33618 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: PD
Name: SEIBERT, V.KEITH
Address: 13350 GOLF CREST CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: VSTD
Name: ROELING, KARYN
Address: SUITE 111 5121 EHRLICH ROAD
City-St-Zip: TAMPA, FL 33624

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: V. KEITH SEIBERT PD 02/08/2012

Electronic Signature of Signing Officer or Director Date