2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2011
Secretary of State

DOCUMENT# P07000119539

Entity Name: STENGLEIN INSURANCE SERVICE, INC.

Current Principal Place of Business:

3123 W BURKE ST
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

PO BOX 15453
TAMPA, FL 33684

New Mailing Address:

FEI Number: 41-2257561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STENGLEIN, MICHAEL
3123 W BURKE ST
TAMPA, FL 33614 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: D/P
Name: STENGLEIN, MICHAEL
Address: PO BOX 15453
City-St-Zip: TAMPA, FL 33684

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: MICHAEL J STENGLEIN PRES 03/26/2011

Electronic Signature of Signing Officer or Director Date