

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038595

Entity Name: DORRIEN INSURANCE, INC.

FILED
Apr 15, 2012
Secretary of State

Current Principal Place of Business:

14560 SAN PABLO DRIVE NORTH
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

14560 SAN PABLO DRIVE NORTH
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 26-2423171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORRIEN, BRIAN
14560 SAN PABLO DRIVE NORTH
JACKSONVILLE, FL 32224 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,T
Name: DORRIEN, BRIAN
Address: 14560 SAN PABLO DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: S
Name: DORRIEN, PATRICIA
Address: 14560 SAN PABLO DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32224

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: BRIAN DORRIEN

P

04/15/2012

Electronic Signature of Signing Officer or Director

Date