

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000049920

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** CUSTOMIZED INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

304 MONTANA AVE.  
NOKOMIS, FL 34275

**New Principal Place of Business:**

1904 SHADE AVE.  
SARASOTA, FL 34239

**Current Mailing Address:**

304 MONTANA AVE.  
NOKOMIS, FL 34275

**New Mailing Address:**

1904 SHADE AVE.  
SARASOTA, FL 34239

**FEI Number:** 33-1216466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAURIN, MARC  
304 MONTANA AVE.  
NOKOMIS, FL 34275 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: LAURIN, MARC  
Address: 304 MONTANA AVE.  
City-St-Zip: NOKOMIS, FL 34275

Title: VP  
Name: LAURIN, LORI  
Address: 304 MONTANA AVE.  
City-St-Zip: NOKOMIS, FL 34275

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: MARC LAURIN

PRES

01/16/2012

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

\_\_\_\_\_  
Date