

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000084100

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** BUDGET INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5574 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810 UN

**New Principal Place of Business:**

**Current Mailing Address:**

5574 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810 UN

**New Mailing Address:**

**FEI Number:** 61-1573237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRISON, RODRAN  
320 W. SABAL PALM PLACE, SUITE 300  
SUITE 300  
LONGWOOD, FL 32779 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:** SD  
**Name:** HARRISON, RODRAN  
**Address:** 320 W. SABAL PALM PLACE, SUITE 300  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** PD  
**Name:** COLEMAN, ERICA  
**Address:** 5574 NORTH ORANGE BLOSSOM TRAIL  
**City-St-Zip:** ORLANDO, FL 32810 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:** ERICA COLEMAN

DP

04/25/2012

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

\_\_\_\_\_  
Date