

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089244

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** THERESE HOLZINGER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

222 INDUSTRIAL BLVD. STE . 152  
NAPLES, FL 34104

**New Principal Place of Business:**

2248 RIVER REACH DRIVE  
NAPLES, FL 34104

**Current Mailing Address:**

222 INDUSTRIAL BLVD. STE . 152  
NAPLES, FL 34104

**New Mailing Address:**

P.O. BOX 10474  
NAPLES, FL 34101

**FEI Number:** 36-4641262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSD  
Name: HOLZINGER, THERESE  
Address: 2248 RIVER REACH DRIVE  
City-St-Zip: NAPLES, FL 34104

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: THERESE HOLZINGER

OWN

04/27/2012

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

\_\_\_\_\_ Date