

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089674

FILED
Apr 20, 2011
Secretary of State

Entity Name: NORGARD INSURANCE GROUP, INC.

Current Principal Place of Business:

809 E. BLOOMINGDALE AVE
387
BRANDON, FL 33511 US

New Principal Place of Business:

123 W. BLOOMINGDALE AVE
387
BRANDON, FL 33511 US

Current Mailing Address:

809 E. BLOOMINGDALE AVE
387
BRANDON, FL 33511 US

New Mailing Address:

123 W. BLOOMINGDALE AVE
387
BRANDON, FL 33511 US

FEI Number: 30-0507451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORGARD, CHAD M
809 E. BLOOMINGDALE AVE
387
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

NORGARD, CHAD M
123 W. BLOOMINGDALE AVE
387
BRANDON, FL 33511 US

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: CHAD NORGDARD

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: NORGDARD, ALLISON L
Address: 123 W. BLOOMINGDALE AVE # 387
City-St-Zip: BRANDON, FL 33511 US

Title: VP
Name: NORGDARD, CHAD M
Address: 123 W. BLOOMINGDALE AVE # 387
City-St-Zip: BRANDON, FL 33511 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: CHAD NORGDARD

VP

04/20/2011

Electronic Signature of Signing Officer or Director

Date