

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096310

FILED
Jan 06, 2011
Secretary of State

Entity Name: STEPHENS INSURANCE & INVESTMENTS, INC.

Current Principal Place of Business:

1820 CRANE CREEK BLVD.
MELBOURNE, FL 32940

New Principal Place of Business:

410 HAWTHORNE CT.
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

1820 CRANE CREEK BLVD.
MELBOURNE, FL 32940

New Mailing Address:

410 HAWTHORNE CT.
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 26-3602871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, C. SCOTT
1820 CRANE CREEK BLVD
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

STEPHENS, C. SCOTT
410 HAWTHORNE CT
INDIAN HARBOUR BEACH, FL 32937 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:

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: STEPHENS, C. SCOTT
Address: 410 HAWTHORNE CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: VP
Name: STEPHENS, JANICE S
Address: 410 HAWTHORNE CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: S
Name: STEPHENS, C. SCOTT
Address: 410 HAWTHORNE CT.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: T
Name: STEPHENS, JANICE S
Address: 410 HAWTHORNE CT.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: C. SCOTT STEPHENS

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date