2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 26, 2012
Secretary of State

DOCUMENT# P09000026275

Entity Name: MHFS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1460 S. MCCALL RD.
ENGLEWOOD, FL 34223

New Principal Place of Business:

1460 S. MCCALL RD.
4E
ENGLEWOOD, FL 34223

Current Mailing Address:

9 PINEHURST PLACE
ROTONDA WEST, FL 33947

New Mailing Address:

FEI Number: 26-4558510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAILING, DAVID H
9 PINEHURST PLACE
ROTONDA WEST, FL 33947 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: FAILING, DAVID H
Address: 9 PINEHURST PLACE
City-St-Zip: ROTONDA WEST, FL 33947

Title: VP
Name: IAKOVIDIS, GAIL A
Address: 9 PINEHURST PLACE
City-St-Zip: ROTONDA WEST, FL 33947

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: GAIL A. IAKOVIDIS VP 09/26/2012

Electronic Signature of Signing Officer or Director Date