

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000027840

FILED
Apr 10, 2012
Secretary of State

Entity Name: INSURANCE SERVICES OF OCALA, INC.

Current Principal Place of Business:

4615 S.E. 48 TH PL RD
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

4615 S.E. 48 TH PL RD
OCALA, FL 34480

New Mailing Address:

FEI Number: 26-4547092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, KEVIN
4615 S.E. 48 TH PL RD
OCALA, FL 34480 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: TOWNSEND, KEVIN
Address: 4615 S.E. 48 TH PL RD
City-St-Zip: OCALA, FL 34480

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: KEVIN TOWNSEND

P

04/10/2012

Electronic Signature of Signing Officer or Director

Date