

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000041335

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** FAWN SCOTT INSURANCE SERVICES INC

**Current Principal Place of Business:**

10151 SE 195 STREET  
INGLIS, FL 34449 US

**New Principal Place of Business:**

**Current Mailing Address:**

10151 SE 195 STREET  
INGLIS, FL 34449 US

**New Mailing Address:**

P.O. BOX 722  
CRYSTAL RIVER, FL 34423

**FEI Number:** 27-0162796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, FAWN  
10151 SE 195 STREET  
INGLIS, FL 34449 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: SCOTT, FAWN J  
Address: 10151 SE 195 STREET  
City-St-Zip: INGLIS, FL 34449

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: FAWN J SCOTT

PSD

04/23/2011

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

\_\_\_\_\_ Date