2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2012
Secretary of State

DOCUMENT# P09000056064

Entity Name: TOWN CENTER INSURANCE AGENCY INC.

Current Principal Place of Business:

8784 BOYNTON BEACH BLVD., STE 106
BOYNTON BEACH, FL 33472

New Principal Place of Business:

Current Mailing Address:

8784 BOYNTON BEACH BLVD., STE 106
BOYNTON BEACH, FL 33472

New Mailing Address:

10559 WHITEWIND CIRCLE
BOYNTON BEACH, FL 33473

FEI Number: 90-0500252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMOKE, JARRED
8021 EMERALD WINDS CIRCLE
BOYNTON BEACH, FL 33473 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: DOMBECK, PENNY
Address: 10559 WHITEWIND CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33473 US

Title: VP
Name: SMOKE, JARRED
Address: 8021 EMERALD WINDS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33473

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: PENNY S. DOMBECK P 01/07/2012

Electronic Signature of Signing Officer or Director — Date