

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000065777

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** SAFESIDE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

11725 COLLIER BOULEVARD  
H-1  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

11725 COLLIER BOULEVARD  
H-1  
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number:** 27-0671491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX & ACCOUNTING OF SWFL LLC  
809 WALKERBILT ROAD  
6  
NAPLES, FL 34110 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: CONOVER, JESSICA K  
Address: 11725 COLLIER BOULEVARD, SUITE H-1  
City-St-Zip: NAPLES, FL 34116

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: BJ COTTRELL JR

RA

02/10/2012

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

\_\_\_\_\_  
Date