

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000077763

**FILED**  
**Sep 21, 2012**  
**Secretary of State**

**Entity Name:** CATHY MOSS INSURANCE AGENCY INC

**Current Principal Place of Business:**

1036 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

1046 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

1036 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957

**New Mailing Address:**

1046 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957

**FEI Number:** 27-0944043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOSS, CATHY A  
1036 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957 US

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

MOSS, CATHY A  
1046 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957 US

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: CATHY MOSS

09/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOSS, CATHY A  
Address: 1103 SE WESTCHESTER DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34952

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: CATHY MOSS

PRES

09/21/2012

Electronic Signature of Signing Officer or Director

Date