

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000088516

FILED  
Sep 07, 2011  
Secretary of State

**Entity Name:** CROWELL INSURANCE GROUP, INC.

**Current Principal Place of Business:**

5120 S FLORIDA AVE  
SUITE 306  
LAKELAND, FL 33813

**New Principal Place of Business:**

231 N. TENNESSEE AVE.  
SUITE 200  
LAKELAND, FL 33801

**Current Mailing Address:**

5120 S FLORIDA AVE  
SUITE 306  
LAKELAND, FL 33813

**New Mailing Address:**

231 N. TENNESSEE AVE.  
SUITE 200  
LAKELAND, FL 33801

**FEI Number:** 27-1236620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROWELL, CHRISTINE A  
5120 S FLORIDA AVE  
SUITE 306  
LAKELAND, FL 33813 US

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

CROWELL, CHRISTINE A  
231 N. TENNESSEE AVE.  
SUITE 200  
LAKELAND, FL 33801 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: CHRISTINE CROWELL

09/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CROWELL, CHRISTINE A  
Address: 1815 SANDY KNOLL CIRCLE S  
City-St-Zip: LAKELAND, FL 33813

Title: D  
Name: CROWELL, STEVEN L  
Address: 1815 SANDY KNOLL CIRCLE S  
City-St-Zip: LAKELAND, FL 33813

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: CHRISTINE CROWELL

D

09/07/2011

Electronic Signature of Signing Officer or Director

Date