

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000102855

FILED
Apr 30, 2012
Secretary of State

Entity Name: CHANNON DELGADO INSURANCE AGENCY INC

Current Principal Place of Business:

11951 SOUTHERN BLVD
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

11951 SOUTHERN BLVD
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 27-1557329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELGADO, CHANNON
155 COCOPLUM LANE
ROYAL PALM BEACH, FL 33411 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: DELGADO, CHANNON
Address: 155 COCOPLUM LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP
Name: DELGADO, EDWARD JR
Address: 155 COCOPLUM LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DIR
Name: METZ, CHERAYNE
Address: 155 COCOPLUM LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DIR
Name: METZ, SABRINA
Address: 155 COCOPLUM LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: CHANNON DELGADO

_____ Electronic Signature of Signing Officer or Director

PRES

04/30/2012

_____ Date