2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# P10000013952

Entity Name: HIGHPOINT INSURANCE AGENCY, INC.

Current Principal Place of Business:

9016 PHILIPS HWY
JACKSONVILLE, FL 32256

New Principal Place of Business:

530 PARK STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

9016 PHILIPS HWY
JACKSONVILLE, FL 32256

New Mailing Address:

530 PARK STREET
JACKSONVILLE, FL 32204

FEI Number: 27-1938334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPADAFORA, JEFFREY
9016 PHILIPS HWY
JACKSONVILLE, FL 32256 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: CEO
Name: SPADAFORA, JEFFREY L
Address: 9016 PHILIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: P
Name: SPADAFORA, JEFFREY L
Address: 9016 PHILIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: S, T
Name: SPADAFORA, JEFFREY L
Address: 9016 PHILIPS HWY
City-St-Zip: JACKSONVILLE, FL 32256

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: JEFFREY L SPADAFORA P 01/09/2012

Electronic Signature of Signing Officer or Director — Date