

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017290

Entity Name: ONE STOP INSURANCE,INC

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1644 INKBERRY LANE  
JACKSONVILLE, FL 32259 US

## **New Principal Place of Business:**

8206 PHILLIPS HWY  
23  
JACKSONVILLE, FL 32256 US

## **Current Mailing Address:**

1644 INKBERRY LANE  
JACKSONVILLE, FL 32259 US

## **New Mailing Address:**

FEI Number: 01-0952185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NGUYEN, THAI T  
1644 INKBERRY LANE  
JACKSONVILLE, FL 32259 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: NGUYEN, THAI T  
Address: 1644 INKBERRY LN  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP  
Name: TRUONG, HANH T  
Address: 1644 INKBERRY LN  
City-St-Zip: JACKSONVILLE, FL 32259 US

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: THAI NGUYEN

P

03/23/2011

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

\_\_\_\_\_  
Date