

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000024247

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** INSURANCE PROFESSIONALS INC. I

**Current Principal Place of Business:**

3739 49TH STRETT NORTH  
ST.PETERSBURG, FL 33710

**New Principal Place of Business:**

3739 49TH STREET NORTH  
ST.PETERSBURG, FL 33710

**Current Mailing Address:**

3739 49TH STRETT NORTH  
ST.PETERSBURG, FL 33710

**New Mailing Address:**

3739 49TH STREET NORTH  
ST.PETERSBURG, FL 33710

**FEI Number:** 30-0609259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOLETZKY, STEVEN M SR.  
3739 49TH STR. NORTH  
ST. PETERSBURG, FL 33710 US

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

DOLETZKY, STEVEN M SR.  
3739 49TH STREET NORTH  
ST. PETERSBURG, FL 33710 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: STEVEN M. DOLETZKY

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DOLETZKY, STEVEN M SR  
Address: 1365 PINELLAS ROAD  
City-St-Zip: BELLEAIR, FL 33710

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: STEVEN M. DOLETZKY

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date