2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P10000041485

Entity Name: NEPTUNE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1250 S. PINE ISLAND RD.
SUITE 500
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

1250 S. PINE ISLAND RD.
SUITE 500
PLANTATION, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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: PD
Name: NICHOLSON, TIM
Address: 1250 S. PINE ISLAND RD., SUITE 500
City-St-Zip: PLANTATION, FL 33324

Title: T
Name: SOBCZAK, GARY
Address: 1250 S. PINE ISLAND RD., 4TH FL
City-St-Zip: PLANTATION, FL 33324

Title: S
Name: ZAVADIL, DAN
Address: 1250 S. PINE ISLAND RD., SUITE 500
City-St-Zip: PLANTATION, FL 33324

Title: VPD
Name: FORD, JIM
Address: 1250 S. PINE ISLAND RD., SUITE 500
City-St-Zip: PLANTATION, FL 33324

Title: T
Name: SOBCZAK, GARY
Address: 1250 S. PINE ISLAND RD., SUITE 500
City-St-Zip: PLANTATION, FL 33324

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: TIM NICHOLSON PD 04/30/2012

Electronic Signature of Signing Officer or Director — Date