

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000061281

FILED  
Jan 20, 2011  
Secretary of State

Entity Name: ABRAHAM INSURANCE AGENCY, INC.

## Current Principal Place of Business:

102 SOUTH L B BROWN AVE  
BARTOW, FL 33830

## New Principal Place of Business:

## Current Mailing Address:

102 SOUTH L B BROWN AVE  
BARTOW, FL 33830

## New Mailing Address:

FEI Number: 27-3097336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, KAYLA N  
5931 HILLTOP LANE  
LAKELAND, FL 33809 US

## Name and Address of New Registered Agent:

WILLIAMS, KAYLA N  
1504 ARTHUR BLVD  
LAKELAND, FL 33801 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:

01/20/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: WILLIAMS, TONY M  
Address: 1504 ARTHUR BLVD  
City-St-Zip: LAKELAND, FL 33801

Title: VP  
Name: WILLIAMS, SANDRA E  
Address: 1504 ARTHUR BLVD  
City-St-Zip: LAKELAND, FL 33801

Title: SEC  
Name: FLETCHER, DORIS  
Address: 950 CARVER AVE  
City-St-Zip: LAKELAND, FL 33830

Title: TRES  
Name: WHITE, JAMAL  
Address: 1504 ARTHUR BLVD  
City-St-Zip: LAKELAND, FL 33801

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: TONY M WILLIAMS

PRES

01/20/2011

Electronic Signature of Signing Officer or Director

Date