

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000061409

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** BRIGGS FAMILY INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

611 E BLOOMINGDALE AVE SUITE A  
BRANDON, FL 33511

**New Principal Place of Business:**

611 E BLOOMINGDALE AVE  
SUITE A  
BRANDON, FL 33511

**Current Mailing Address:**

611 E BLOOMINGDALE AVE SUITE A  
BRANDON, FL 33511

**New Mailing Address:**

611 E BLOOMINGDALE AVE  
SUITE A  
BRANDON, FL 33511

**FEI Number:** 27-3203712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

BRIGGS, BRETT D  
611 E BLOOMINGDALE AVE  
SUITE A  
BRANDON, FL 33511 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: BRETT BRIGGS

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: BRIGGS, BRETT D  
Address: 611 E BLOOMINGDALE AVE SUITE A  
City-St-Zip: BRANDON, FL 33511

Title: D  
Name: BRIGGS, JESSICA N  
Address: 611 E BLOOMINGDALE AVE SUITE A  
City-St-Zip: BRANDON, FL 33511

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: BRETT BRIGGS

PSTD

01/11/2012

Electronic Signature of Signing Officer or Director

Date