

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000077388

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** INSURANCE SERVICES OF SOUTH WEST FLORIDA INC.

**Current Principal Place of Business:**

13241 UNIVERSITY DRIVE  
#102  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

13241 UNIVERSITY DRIVE  
#102  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 27-3598084

**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:**

RUPPRECHT, STEVEN J  
13241 UNIVERSITY DRIVE  
102  
FORT MYERS, FL 33907 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 J RUPPRECHT

02/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: RUPPRECHT, STEVEN J  
Address: 13241 UNIVERSITY DRIVE, #102  
City-St-Zip: FORT MYERS, FL 33907

Title: VP  
Name: RUPPRECHT, STEVEN J  
Address: 13241 UNIVERSITY DRIVE, #102  
City-St-Zip: FORT MYERS, FL 33907

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 RUPPRECHT

PRES

02/03/2011

Electronic Signature of Signing Officer or Director

Date