

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000003637

**FILED**  
**Jan 28, 2012**  
**Secretary of State**

**Entity Name:** ANDERSON MID-FLORIDA INSURANCE INC.

**Current Principal Place of Business:**

547 N RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

547 N RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 27-4534827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, SUSAN  
1545 KUWANA WAY  
DELAND, FL 32720 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: P,D  
Name: ANDERSON, SUSAN  
Address: 1545 KUWANA WAY  
City-St-Zip: DELAND, FL 32720 US

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: SUSAN ANDERSON

P

01/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date