

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000010148

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** WESTPOINTE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

12169 WEST LINEBAUGH AVENUE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12169 WEST LINEBAUGH AVENUE  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 27-4705831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, IRENE T  
720 CELEBRATION AVENUE, SUITE 120  
CELEBRATION, FL 34747 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: DPST  
Name: BROWN, IRENE T  
Address: 720 CELEBRATION AVENUE, SUITE 120  
City-St-Zip: CELEBRATION, FL 34747

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: IRENE T BROWN

PRES

01/09/2012

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

\_\_\_\_\_ Date