

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000025199

FILED
Apr 02, 2012
Secretary of State

Entity Name: CLW INSURANCE AGENCY, INC.

Current Principal Place of Business:

30133 US HWY 19 NORTH
CLEARWATER, FL 34677

New Principal Place of Business:

Current Mailing Address:

1004 ROBINWOOD DR
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 45-0615257

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:

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: PSD
Name: DEBARROS, CATHIA Q
Address: 30133 US HWY 19 NORTH
City-St-Zip: CLEARWATER, FL 34677

Title: VPTD
Name: DEBARROS, EDISON H
Address: 30133 US HWY 19 NORTH
City-St-Zip: CLEARWATER, FL 34677

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: EDISON DEBARROS

VP

04/02/2012

Electronic Signature of Signing Officer or Director

Date