

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000051017

FILED
Mar 12, 2012
Secretary of State

Entity Name: CAPITAL CITY INSURANCE AGENCY, INC

Current Principal Place of Business:

1106-A THOMASVILLE RD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1106-A THOMASVILLE RD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 45-2431164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA O, HECTOR
2450 TIM GAMBLE PLACE, SUITE 200
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

KAMENICKY, MAMTA S
1106-A THOMASVILLE RD
TALLAHASSEE, FL 32303 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: MAMTA S KAMENICKY

03/12/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SINGH KAMENICKY, MAMTA
Address: 6600 WILD FERN LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP
Name: KAMENICKY, RANDY B
Address: 6600 WILD FERN LANE
City-St-Zip: TALLAHASSEE, FL 32309

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: MAMTA S KAMENICKY

P

03/12/2012

Electronic Signature of Signing Officer or Director

Date