

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000073087

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1535 CYPRESS DR SUITE 1  
JUPITER, FL 33469

**New Principal Place of Business:**

296 ISLAND GREEN DR.  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

1535 CYPRESS DR SUITE 1  
JUPITER, FL 33469

**New Mailing Address:**

296 ISLAND GREEN DR.  
ST. AUGUSTINE, FL 32092

**FEI Number:** 72-1427654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, LEA ANN  
1535 CYPRESS DR SUITE 1  
JUPITER, FL 33469 US

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

ALLEN, LEA ANN  
296 ISLAND GREEN DR.  
ST. AUGUSTINE, FL 32092 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:** LEA ANN ALLEN

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ALLEN, JOHN T  
**Address:** 296 ISLAND GREEN DR.  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** T  
**Name:** ALLEN, LEA ANN  
**Address:** 296 ISLAND GREEN DR.  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

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:** LEA ANN ALLEN

T

01/09/2012

Electronic Signature of Signing Officer or Director

Date