

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000074140

**FILED**  
**Nov 30, 2012**  
**Secretary of State**

**Entity Name:** SHOFF INSURANCE II INC.

**Current Principal Place of Business:**

190 MALABAR RD SW  
SUITE 125  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

1801 SARNO RD  
SUITE 2  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 45-3070056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOFF, ROLAND M  
1801 SARNO RD  
SUITE 2  
MELBOURNE, FL 32935 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  
Name: SHOFF, ROLAND M  
Address: 1801 SARNO RD SUITE 2  
City-St-Zip: MELBOURNE, FL 32935

Title: VP  
Name: PARSLEY, ROXANNE M  
Address: 1801 SARNO RD SUITE 2  
City-St-Zip: MELBOURNE, FL 32935

Title: S  
Name: SHOFF, MICHELLE L  
Address: 1801 SARNO ROAD SUITE 2  
City-St-Zip: MELBOURNE, FL 32935

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: ROXANNE PARSLEY

VP

11/30/2012

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

\_\_\_\_\_  
Date