

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000009151

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10061 W. CLEARY BLVD.  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

10061 CLEARY BLVD.  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 65-0384296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREILICH, LAWRENCE  
10061 CLEARY BLVD  
PLANTATION, FL 33324 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: PD  
Name: GORDON-FREILICH, JANE M  
Address: 398 MALLARD LANE  
City-St-Zip: WESTON, FL 33327

Title: VSTD  
Name: FREILICH, LAWRENCE K  
Address: 398 MALLARD LANE  
City-St-Zip: WESTON, FL 33327

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: LAWRENCE FREILICH

VP

03/16/2011

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

\_\_\_\_\_ Date