

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054416

FILED  
Jan 06, 2011  
Secretary of State

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

**Current Principal Place of Business:**

3601 SE OCEAN BLVD.  
SUITE 100  
SEWALL'S POINT, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

3601 SE OCEAN BLVD.  
SUITE 100  
SEWALL'S POINT, FL 34996

**New Mailing Address:**

**FEI Number:** 59-3198706      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAMPO, JAMES W  
3601 SE OCEAN BLVD.  
SUITE 100  
SEWALL'S POINT, FL 34996 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: DP  
Name: CAMPO, JAMES W  
Address: 3601 SE OCEAN BLVD., SUITE 100  
City-St-Zip: SEWALL'S POINT, FL 34996

Title: VP  
Name: RODRIGUEZ, MARTA  
Address: 3601 SE OCEAN BLVD., SUITE 100  
City-St-Zip: SEWALL'S POINT, FL 34996

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: JAMES W. CAMPO

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

DP

01/06/2011

\_\_\_\_\_ Date