2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

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Entity Name: HUMPHREYS INSURANCE AGENCY, INC.

Current Principal Place of Business:

4950 HALL RD
STE C
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

4950 HALL RD
STE C
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 59-3196215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUMPHREYS, LARRY G
4950 HALL RD STE C
ORLANDO, FL 32817 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: HUMPHREYS, LARRY G
Address: 4043 LAUREL BRANCH LANE
City-St-Zip: ORLANDO, FL 32817 US

Title: ST
Name: HUMPHREYS, GLINDA
Address: 4043 LAUREL BRANCH LANE
City-St-Zip: ORLANDO, FL 32817 US

Title: S VP
Name: WILKINS, LEWIS F
Address: 408 LAKE BLVD.
City-St-Zip: SANFORD, FL 32773 US

Title: VP
Name: MORENO, CHRISTINE
Address: 2118 CARRINGTON DRIVE
City-St-Zip: ORLANDO, FL 32807 US

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: CHRISTINE MORENO VP 04/25/2011

Electronic Signature of Signing Officer or Director Date