

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000081316

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** MIKE PETERS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

11315 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

11315 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

**FEI Number:** 59-3214852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLIMIS, GEORGE N PA  
GEORGE N. KLIMIS, P.A.  
30 N. RING AVE., SUITE 400  
TARPON SPRINGS, FL 34689 US

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

PETERS, JAMES M  
11315 LITTLE RD  
NEW PORT RICHEY, FL 34654 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:** JAMES M PETERS

04/06/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** PETERS, JAMES M  
**Address:** 11315 LITTLE RD.  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

**Title:** DST  
**Name:** PETERS, JEAN H  
**Address:** 11315 LITTLE RD.  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

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 M PETERS

PRES

04/06/2010

Electronic Signature of Signing Officer or Director

Date