

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000020445

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** BUCHANAN INSURANCE AGENCY INC.

**Current Principal Place of Business:**

7782 BLAIRWOOD CIRCLE NORTH  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

7782 BLAIRWOOD CIRCLE NORTH  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 65-0478261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCHANAN, NANCY M  
7782 BLAIRWOOD CIRCLE NORTH  
LAKE WORTH, FL 33467 US

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

BUCHANAN, NANCY M MRS  
7782 BLAIRWOOD CIRCLE NORTH  
LAKE WORTH, FL 33467 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: MRS. NANCY M. BUCHANAN

04/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BUCHANAN, NANCY M MRS  
Address: 7782 BLAIRWOOD CIRCLE NORTH  
City-St-Zip: LAKE WORTH, FL 33467 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: NANCY M. BUCHANAN

MRS

04/21/2012

Electronic Signature of Signing Officer or Director

Date