

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000039413

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** NICK WADDELL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6900 YUMURI ST  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

11205 S. DIXIE HWY  
STE. 200  
PINECREST, FL 33156 US

**Current Mailing Address:**

6900 YUMURI ST  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

11205 S. DIXIE HWY  
STE. 200  
PINECREST, FL 33156 US

**FEI Number:** 65-0479798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WADDELL, PAUL N.  
6900 YUMURI ST  
CORAL GABLES, FL 33146 US

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

WADDELL, PAUL N.  
11205 S. DIXIE HWY.  
STE 200  
PINECREST, FL 33156 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:

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WADDELL, PAUL N  
Address: 11205 S. DIXIE HWY. STE 200  
City-St-Zip: PINECREST, FL 33156

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: PAUL NICHOLAS WADDELL

D

01/06/2011

Electronic Signature of Signing Officer or Director

Date