2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# P94000088248

Entity Name: BRUCE MORSE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1000 WEKIVA SPRINGS RD.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

1000 WEKIVA SPRINGS RD.
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3289633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORSE, BRUCE
1000 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779 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: PRES
Name: MORSE, BRUCE
Address: 1000 WEKIVA SPRINGS ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: VP
Name: MORSE, DONNA
Address: 1000 WEKIVA SPRINGS ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: VP
Name: ROBINSON, KENNETH
Address: 1000 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL 32779

Title: VP
Name: HINERMAN, GREGORY
Address: 1000 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL 32779

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: AMBER RIDEOUT FOM 01/06/2012

Electronic Signature of Signing Officer or Director — Date