

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 12, 2011
Secretary of State

Entity Name: A BETTER DEAL INSURANCE AGENCY OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

1034 SW BAYSHORE BLVD.
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

1034 SW BAYSHORE BLVD.
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 65-0543069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINACAPELLI, LEONARD
1034 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34953 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: PS
Name: MINACAPELLI, LEONARD JR
Address: 1034 SW BAYSHORE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D
Name: MINACAPELLI, LEONARD
Address: 957 SW ABINGDON AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SEC
Name: MINACAPELLI, JENNIFER
Address: 1034 SW BAYSHORE BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

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: LEONARD MINACAPELLI

P

04/12/2011

Electronic Signature of Signing Officer or Director

Date