

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000036207

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** TODD A. SMITH INSURANCE, INC.

**Current Principal Place of Business:**

1215 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1215 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 59-3310644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BLVD.  
SUITE 505  
MELBOURNE, FL 32901 US

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

ANDERSON, J. PATRICK  
2200 FRONT STREET  
MELBOURNE, FL 32901 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/29/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SMITH, TODD A  
Address: 211 BOUGAINVILLEA ST., NW  
City-St-Zip: PALM BAY, FL 32907

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: TODD A. SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

04/29/2012

\_\_\_\_\_  
Date