

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000072721

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** FINKBEINER INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

14637 AERIES WAY DR  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 101625  
CAPE CORAL, FL 33910

**New Mailing Address:**

**FEI Number:** 65-0613142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINKBEINER, DENNIS  
14637 AERIES WAY DR  
FORT MYERS, FL 33912 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: PD  
Name: FINKBEINER, DENNIS  
Address: P.O. BOX 101625  
City-St-Zip: CAPE CORAL, FL 33910

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: DENNIS FINKBEINER

PD

03/07/2011

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

\_\_\_\_\_ Date