

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000090836

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** STANLEY DEAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1655 US HWY 41 BYPASS S  
VENICE, FL 34293 US

**New Principal Place of Business:**

1729 TAMIAMI TRAIL, S  
VENICE, FL 34293 US

**Current Mailing Address:**

1655 US HWY 41 BYPASS S  
VENICE, FL 34293 US

**New Mailing Address:**

1729 TAMIAMI TRAIL, S  
VENICE, FL 34293 US

**FEI Number:** 65-0705145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANLEY, DEAN  
1655 US HWY 41 BYPASS S  
VENICE, FL 34293 US

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

STANLEY, DEAN  
1729 TAMIAMI TRAIL, S  
VENICE, FL 34293 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:

01/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: STANLEY, DEAN  
Address: 1729 TAMIAMI TRAIL, S  
City-St-Zip: VENICE, FL 34293

Title: TREA  
Name: GANNER, TRACEY  
Address: 1729 TAMIAMI TRAIL, S  
City-St-Zip: VENICE, FL 34293

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: STANLEY DEAN

PRES

01/08/2011

Electronic Signature of Signing Officer or Director

Date