

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000050881

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

**Entity Name:** MAC NIVEN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3765 AIRPORT ROAD NORTH  
#100  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

3765 AIRPORT ROAD NORTH  
#100  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 59-3482385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MACNIVEN, RALPH  
3765 AIRPORT ROAD NORTH #100  
NAPLES, FL 34105 US

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

MACNIVEN, RALPH  
3765 AIRPORT ROAD NORTH #100  
100  
NAPLES, FL 34105 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

05/07/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: MACNIVEN, RALPH  
Address: 1013 GRAND ISLE DR  
City-St-Zip: NAPLES, FL 34108

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: RALPH MACNIVEN

PRES

05/07/2011

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

\_\_\_\_\_  
Date