

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000053255

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** MEADE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

307 SOUTH STATE ROAD 19  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

307 SOUTH STATE ROAD 19  
PALATKA, FL 32177

**New Mailing Address:**

307 SOUTH STATE ROAD 19  
PALATKA, FL 32177

**FEI Number:** 59-3453936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEADE, GRAYSON JR  
307 SOUTH STATE ROAD 19  
PALATKA, FL 32177 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: MEADE, GRAYSON JR.  
Address: 307 SOUTH STATE ROAD 19  
City-St-Zip: PALATKA, FL 32177

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: GRAYSON MEADE JR.

PD

02/03/2011

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

\_\_\_\_\_  
Date