

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072149

Entity Name: VOELPEL CLAIM SERVICE, INC.

FILED  
Mar 04, 2011  
Secretary of State

**Current Principal Place of Business:**

2212 CURRY FORD RD  
ORLANDO, FL 32806

**New Principal Place of Business:**

2208 CURRY FORD RD  
ORLANDO, FL 32806

**Current Mailing Address:**

2212 CURRY FORD RD  
ORLANDO, FL 32806

**New Mailing Address:**

2208 CURRY FORD RD  
ORLANDO, FL 32806

FEI Number: 59-3473294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOS, CAREY N  
723 EAST COLONIAL DRIVE  
SUITE 400  
ORLANDO, FL 32803 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: P  
Name: VOELPEL, JOHN A III  
Address: 3201 BURCHFIELD AVE.  
City-St-Zip: ORLANDO, FL 328126804

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: JOHN A. VOELPEL, III

PRES

03/04/2011

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

\_\_\_\_\_ Date