

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072149

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** VOELPEL CLAIM SERVICE, INC.

**Current Principal Place of Business:**

2208 CURRY FORD RD  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

2208 CURRY FORD RD  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-3473294      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**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:**

BOS, CAREY N  
201 S. ORANGE AVE.  
SUITE 475  
ORLANDO, FL 32801 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

01/05/2012

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

Electronic Signature of Signing Officer or Director

P

01/05/2012

Date