2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# P97000086086

Entity Name: KIM VOLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

8169 US HWY 301
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

PO BOX 557
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 65-0789204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLE, KIM
8169 US HWY 301
PARRISH, FL 34219 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: DPS
Name: VOLE, KIM
Address: PO BOX 557
City-St-Zip: ELLENTON, FL 34222

Title: T
Name: VOLE, PETER
Address: PO BOX 557
City-St-Zip: ELLENTON, FL 34222

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: PETER VOLE III TRES 01/18/2011

Electronic Signature of Signing Officer or Director Date