

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047973

FILED
Jan 13, 2012
Secretary of State

Entity Name: HOMEOWNERS INSURANCE AGENCY, INC.

Current Principal Place of Business:

8950 DR ML KING JR ST N
SUITE 160
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

8950 DR ML KING JR ST N
SUITE 160
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-3513637 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SNODGRASS, GREGORY K
8950 DR ML KING JR ST N
SUITE 160
SAINT PETERSBURG, FL 33702 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: PRES
Name: SNODGRASS, GREGORY K
Address: 8950 DR ML KING JR ST N, STE 160
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP
Name: BOLGER, JOHN R
Address: 8950 DR ML KING JR ST N, STE 160
City-St-Zip: ST. PETERSBURG, FL 33702

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: GREGORY K SNODGRASS

PRES

01/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date