

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000051541

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

600 S ORLANDO AVE, STE 202  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 721200  
ORLANDO, FL 328721200

**New Mailing Address:**

**FEI Number:** 59-3516020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARRIER, LEO R  
5550 LAKE HOWELL ROAD  
WINTER PARK, FL 32792 US

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

CARRIER, LEO R  
600 S. ORLANDO AVE, STE. 202  
MAITLAND, FL 32751 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

04/22/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: CARRIER, LEO R  
Address: 600 S. ORLANDO AVE. , STE. 202  
City-St-Zip: MAITLAND, FL 32751

Title: VSD  
Name: CARRIER, MARY J  
Address: 600 S. ORLANDO AVE. , STE. 202  
City-St-Zip: MAITLAND, FL 32751

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: MARY J. CARRIER

VSD

04/22/2011

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

\_\_\_\_\_  
Date