

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066473

FILED
Apr 13, 2012
Secretary of State

Entity Name: KINSTETTER INSURANCE, INC.

Current Principal Place of Business:

324 SAND PINE TRAIL
WINTER HAVEN, FL 33880

New Principal Place of Business:

324 SAND PINE TRAIL
WINTER HAVEN, FL 33880 UN

Current Mailing Address:

324 SAND PINE TRAIL
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3525538 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KINSTETTER, DAVID E
324 SAND PINE TRAIL
WINTER HAVEN, FL 33880 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: PD
Name: KINSTETTER, DAVID E
Address: 324 SAND PINE TRAIL
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP
Name: KINSTETTER, ANGELA M
Address: 324 SAND PINE TRAIL
City-St-Zip: WINTER HAVEN, FL 33880

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: DAVID KINSTETTER

PD

04/13/2012

Electronic Signature of Signing Officer or Director

Date