

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106044

FILED  
Jan 13, 2011  
Secretary of State

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

**Current Principal Place of Business:**

50 LEANNI WAY SUITE B-1  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1170  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

FEI Number: 59-3551673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOCH, JAMES A  
2231 N OCEANSHORE BLVD  
FLAGLER BEACH, FL 32136 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: D  
Name: KOCH, LEIGHANN S  
Address: 2231 N OCEANSHORE BLVD  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D  
Name: KOCH, JAMES A  
Address: 2231 N OCEANSHORE BLVD  
City-St-Zip: FLAGLER BEACH, FL 32136

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: JAMES A KOCH

PRES

01/13/2011

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

\_\_\_\_\_  
Date