

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013842

FILED
Apr 24, 2012
Secretary of State

Entity Name: WAYNE ANTHONY INSURANCE, INC.

Current Principal Place of Business:

7331 OFFICE PARK PLACE
SUITE 500
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

7331 OFFICE PARK PLACE
SUITE 500
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3557543 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANTHONY, DAVID WAYNE
7331 OFFICE PARK PLACE
SUITE 500
MELBOURNE, FL 32940 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: ANTHONY, DAVID WAYNE
Address: 1755 BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 329553058

Title: VP
Name: THORPE, JASON M
Address: 1388 AUBURN LAKES DR
City-St-Zip: ROCKLEDGE, FL 32955

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: JASON THORPE

VP

04/24/2012

Electronic Signature of Signing Officer or Director

Date