

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095736

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

FHC INSURANCE  
6700-2 DANIELS PKWY  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

FHC INSURANCE  
6700-2 DANIELS PKWY  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 65-0958603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAGGONER, CHIPS  
10025 SKY VIEW WAY  
1102  
FORT MYERS, FL 33913 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:** PTD  
**Name:** WAGGONER, CHIPS  
**Address:** 10025 SKY VIEW WAY #1102  
**City-St-Zip:** FORT MYERS, FL 33913

**Title:** VSD  
**Name:** WAGGONER, OWEN K  
**Address:** 10025 SKY VIEW WAY #1102  
**City-St-Zip:** FORT MYERS, FL 33913

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:** CHIPS WAGGONER

PTD

02/03/2011

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

\_\_\_\_\_  
Date