

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S29126

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

**Entity Name:** SELL INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3650 N FEDERAL HWY  
211  
LIGHTHOUSE POINT, FL 33064 US

**New Principal Place of Business:**

2800 NE 39 COURT  
LIGHTHOUSE POINT, FL 33064 US

**Current Mailing Address:**

P O BOX 5987  
LIGHTHOUSE POINT, FL 33074 US

**New Mailing Address:**

**FEI Number:** 65-0243560      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SELL, JEFFREY SCOTT  
2800 NE 39 CT  
LIGHTHOUSE POINT, FL 33064 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:** PT  
**Name:** SELL, TERESA L  
**Address:** 2800 NE 39 CT  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064

**Title:** VS  
**Name:** SELL, JEFFERY SCOTT  
**Address:** 2800 NE 29 COURT  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064

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: JEFFERY SCOTT SELL

VP

04/22/2011

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

\_\_\_\_\_  
Date