

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S34237

FILED  
Apr 15, 2011  
Secretary of State

Entity Name: RICCI INSURANCE AGENCY, INC.

## Current Principal Place of Business:

1810 ALTERNATE 19 SOUTH  
SUITE O  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

40190 US HWY 19 NORTH  
TARPON SPRINGS, FL 346898334 US

## Current Mailing Address:

1810 ALTERNATE 19 SOUTH  
SUITE O  
TARPON SPRINGS, FL 34689

## New Mailing Address:

40190US HWY 19 NORTH  
TARPON SPRINGS, FL 346898334 US

FEI Number: 59-3055289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLLINKA, DAVID J.  
2312 U.S. HIGHWAY 19  
HOLIDAY, FL 346900649 US

## Name and Address of New Registered Agent:

WOLLINKA, DAVID J.  
1835 HEALTH CARE DR  
TRINITY, FL 34655 US

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:

04/15/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: RICCI, JOE M.  
Address: 5202 HALTATA CT  
City-St-Zip: NEW PORT RICHEY, FL

Title: D  
Name: RICCI, JANET A.  
Address: 5202 HALTATA CT.  
City-St-Zip: NEW PORT RICHEY, FL

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: JOE M RICCI

PRES

04/15/2011

Electronic Signature of Signing Officer or Director

Date