

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38320

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** FALCON INSURANCE AGENCY OF FLORIDA, INC.

**Current Principal Place of Business:**

625 COMMERCE DR  
STE 306  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. DRAWER 6220  
LAKELAND, FL 338076220

**New Mailing Address:**

**FEI Number:** 59-3053744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARACORP INCORPORATED  
236 EAST 6TH AVE.  
TALLAHASSEE, FL 32303 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: P  
Name: BRICE, KENNETH A.  
Address: 3131 FLIGHTLINE DR. #315  
City-St-Zip: LAKELAND, FL 33811

Title: ST  
Name: ALLEN, JOHN R  
Address: 1001 WATER STREET BLDG-K, STE 100  
City-St-Zip: KERRVILLE, TX 78028

Title: VP  
Name: BRADSHAW, TOM  
Address: 3012 S.E. LOOP 820  
City-St-Zip: FT. WORTH, TX 76140

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: JOHN R. ALLEN

ST

01/07/2011

Electronic Signature of Signing Officer or Director

Date