

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87967

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** JIM HEA INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

130 S UNIVERSITY DRIVE  
SUITE E  
PLANTATION, FL 333243347 US

**New Principal Place of Business:**

**Current Mailing Address:**

130 S UNIVERSITY DRIVE  
SUITE E  
PLANTATION, FL 333243347 US

**New Mailing Address:**

**FEI Number:** 65-0286324      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HEA, JAMES P DPST  
130 S UNIVERSITY DRIVE  
SUITE E  
PLANTATION, FL 333243347 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:** DPST  
**Name:** HEA, JAMES P DPST  
**Address:** 9130 NW 11TH COURT  
**City-St-Zip:** PLANTATION, FL 333224902 US

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: JAMES P HEA

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

DPST

04/02/2012

\_\_\_\_\_ Date