

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91864

FILED
Jan 13, 2011
Secretary of State

Entity Name: MITCHELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

2225 E EDGEWOOD DR
STE 2
LAKELAND, FL 33803

New Principal Place of Business:

2929 LAKELAND HIGHLANDS RD
STE 1
LAKELAND, FL 33803

Current Mailing Address:

2225 E EDGEWOOD DR
STE 2
LAKELAND, FL 33803

New Mailing Address:

2929 LAKELAND HIGHLANDS RD
STE 1
LAKELAND, FL 33803

FEI Number: 59-3090638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODD, THOMAS C
2225 E EDGEWOOD DR
STE 2
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

DODD, THOMAS C
2929 LAKELAND HIGHLANDS RD
STE 1
LAKELAND, FL 33803 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: THOMAS C. DODD

01/13/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: DODD, THOMAS C
Address: 2929 LAKELAND HIGHLANDS RD STE 1
City-St-Zip: LAKELAND, FL 33803

Title: P
Name: DRISKELL, THOMAS M
Address: 105 WEST BROADWAY
City-St-Zip: FT MEADE, FL 33841

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: THOMAS C. DODD

CEO

01/13/2011

Electronic Signature of Signing Officer or Director

Date