2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2011
Secretary of State

DOCUMENT# V01119

Entity Name: MARK E. WILSON INSURANCE AGENCY INC.

Current Principal Place of Business:

2660 W SR 424
STE 2
LONGWOOD, FL 32779 US

New Principal Place of Business:

2660 W SR 424
STE 1
LONGWOOD, FL 32779 US

Current Mailing Address:

2660 W SR 424
STE 2
LONGWOOD, FL 32779 US

New Mailing Address:

2660 W SR 424
STE 1
LONGWOOD, FL 32779 US

FEI Number: 59-3108560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MARK E.
2660 W SR 434
STE 2
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

WILSON, MARK E.
2660 W SR 434
STE 1
LONGWOOD, FL 32779 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: MARK E WILSON 03/20/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: WILSON, MARK E.
Address: 2660 W STATE RD 434 STE 2
City-St-Zip: LONGWOOD, FL 32779 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: MARK E. WILSON PRES 03/20/2011
Electronic Signature of Signing Officer or Director Date