

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V12448

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** BINFORD INSURANCE NETWORK, INC.

**Current Principal Place of Business:**

13311 BRIARWOOD CIR  
HAGERSTOWN, MD 21742 US

**New Principal Place of Business:**

**Current Mailing Address:**

13311 BRIARWOOD CIR  
HAGERSTOWN, MD 21742 US

**New Mailing Address:**

FEI Number: 65-0309562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REYER, JAMES N  
5301 N. FEDERAL HIGHWAY  
SUITE 130  
BOCA RATON, FL 33487 US

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

REYER, JAMES N  
5301 N. FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33487 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BINFORD, MARK N.  
Address: 13311 BRIARWOOD CIR.  
City-St-Zip: HAGERSTOWN, MD 21742

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 N. BINFORD

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

PRES

03/30/2011

\_\_\_\_\_  
Date