

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V31486

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** BILL NESPER INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

829 8TH ST  
VERO BEACH, FL 32962 US

**New Principal Place of Business:**

**Current Mailing Address:**

829 8TH ST  
VERO BEACH, FL 32962 US

**New Mailing Address:**

**FEI Number:** 59-3120562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NESPER, WILLIAM R.  
829 8TH ST  
VERO BCH, FL 32962 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: DP  
Name: NESPER, VALARIE P.  
Address: 129 40TH CT.  
City-St-Zip: VERO BEACH, FL 32968

Title: DS  
Name: NESPER, WILLIAM R.  
Address: 129 40TH CT.  
City-St-Zip: VERO BEACH, FL 32968

Title: DT  
Name: NESPER, JEFFREY A  
Address: 1170 6TH AVE UNIT 30C  
City-St-Zip: VERO BEACH, FL 32960

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: WILLIAM NESPER

DS

01/19/2012

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

\_\_\_\_\_  
Date