

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V36253

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** C. "CHET" MUNDZAK INSURANCE & ASSOCIATES, INC.

**Current Principal Place of Business:**

8809 NORTH RIVER RD  
TAMPA, FL 33635 US

**New Principal Place of Business:**

**Current Mailing Address:**

8809 NORTH RIVER RD  
TAMPA, FL 33635 US

**New Mailing Address:**

**FEI Number:** 59-3124085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNDZAK, CHESTER PD  
8809 NORTH RIVER RD  
TAMPA, FL 33635 US

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

MUNDZAK, CHESTER  
8809 NORTH RIVER RD  
TAMPA, FL 33635 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: CHESTER MUNDZAK

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MUNDZAK, CHESTER  
Address: 8809 NORTH RIVER RD  
City-St-Zip: TAMPA, FL 33635

Title: S  
Name: MUNDZAK, CONNIE C.  
Address: 8809 NORTH RIVER RD  
City-St-Zip: TAMPA, FL 33635

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: CHESTER MUNDZAK

PD

01/11/2012

Electronic Signature of Signing Officer or Director

Date