

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44520

FILED
Jun 13, 2011
Secretary of State

Entity Name: SCHWEND INSURANCE AGENCY, INC.

Current Principal Place of Business:

542432 US HWY 1
CALLAHAN, FL 32011

New Principal Place of Business:

542274 US HWY 1
CALLAHAN, FL 32011

Current Mailing Address:

542432 US HWY 1
CALLAHAN, FL 32011 US

New Mailing Address:

542274 US HWY 1
CALLAHAN, FL 32011

FEI Number: 59-3137595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHWEND, PAUL E
542432 US HWY 1
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

SCHWEND, PAUL E
542274 US HWY 1
CALLAHAN, FL 32011 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: PAUL E. SCHWEND

06/13/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPV
Name: SCHWEND, PAUL E
Address: 542274 US HWY 1
City-St-Zip: CALLAHAN, FL 32011

Title: ST
Name: SCHWEND, PAUL E
Address: 542274 US HWY 1
City-St-Zip: CALLAHAN, FL 32011

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: BRENDA SCHWEND

VP

06/13/2011

Electronic Signature of Signing Officer or Director

Date