

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63364

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** KAREN STOCKWELL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3941 TAMIAMI TRAIL  
3157-116  
PUNTA GORDA, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

3941 TAMIAMI TRAIL  
3157-116  
PUNTA GORDA, FL 33850

**New Mailing Address:**

**FEI Number:** 59-3149188      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

STOCKWELL, KAREN  
3941 TAMIAMI TRAIL  
3157-116  
PUNTA GORDA, FL 33950 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: D  
Name: STOCKWELL, KAREN  
Address: 3941 TAMIAMI TRAIL, 3157-116  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D  
Name: STOCKWELL, VAN C.  
Address: 3941 TAMIAMI TRAIL, 3157-116  
City-St-Zip: PUNTA GORDA, FL 33950

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: KAREN STOCKWELL

PRES

04/20/2011

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

\_\_\_\_\_  
Date