

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 611219

Entity Name: CLOSSON INSURANCE AGENCY, INC.

Current Principal Place of Business:

911 SPRING VALLEY RD
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 547275
ORLANDO, FL 32854 US

FEI Number: 59-1892513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLOSSON, RODNEY
911 SPRING VALLEY RD
ALTAMONTE SPRINGS, FL 32714 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

_____ Date

Officer/Director Detail :

Title P
Name CLOSSON, RODNEY E.
Address 911 SPRING VALLEY RD
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ST
Name CLOSSON, NANCY R
Address 911 SPRING VALLEY RD
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: RODNEY E. CLOSSON

PRESIDENT

02/08/2013

Electronic Signature of Signing Officer/Director Detail

Date