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

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: NORMAN H DOLIN

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

PUNTA GORDA , FL 33955 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				01/11/2013	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT, SECRETARY	Title	TREASURER		
Name	DOLIN, NORMAN H	Name	SHAKMAN, ALAN		
Address	24348 BELIZE COURT	Address	1424 SE 36TH STREET		
City-State-Zip:	PUNTA GORDA FL 33955	City-State-Zip:	CAPE CORAL FL 33904		

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049933

Entity Name: DOLIN INSURANCE AGENCY, INC.

Current Principal Place of Business:

24348 BELIZE COURT PUNTA GORDA , FL 33955

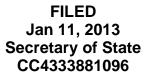
Current Mailing Address:

1004 NORTH MILL STREET UNIT 312 NAPERVILLE, IL 60563 US

FEI Number: 02-0598466

Name and Address of Current Registered Agent:

AUGESTINE, JODY A 24348 BELIZE COURT PUNTA GORDA , FL 33955 US



Date

01/11/2013

PRESIDENT, SECRETARY