

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000011277

**Entity Name:** JOHN W. LONG, SR. INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4536 SOUTH CLYDE MORRIS BLVD.  
PORT ORANGE, FL 32129

**Current Mailing Address:**

4536 SOUTH CLYDE MORRIS BLVD.  
PORT ORANGE, FL 32129

**FEI Number: 59-3373610**

**Certificate of Status Desired: No**

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

LONG, JOHN WSR.  
4536 SOUTH CLYDE MORRIS BLVD.  
PORT ORANGE, FL 32129 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            D  
Name            LONG, JOHN WSR.  
Address        4536 SOUTH CLYDE MORRIS BLVD.  
City-State-Zip: PORT ORANGE FL 32129

*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: JOHN W. LONG SR.**

**PRESIDENT**

**02/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date