

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006043

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** VILLAGE ASSOCIATES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

40 BEY LEA ROAD STE A201  
TOMS RIVER, NJ 08753

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2100  
TOMS RIVER, NJ 087542100

**New Mailing Address:**

**FEI Number:** 22-1979358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARACORP INCORPORATED  
236 EAST 6TH AVE  
TALLAHASSEE, FL 32303 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: CDP  
Name: BLUNDELL, GRAHAM  
Address: 40 BEY LEA ROAD STE A201  
City-St-Zip: TOMS RIVER, NJ 08753

Title: DST  
Name: BLUNDELL, JANET  
Address: 40 BEY LEA ROAD STE A201  
City-St-Zip: TOMS RIVER, NJ 08753

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: GRAHAM BLUNDELL

PRES

04/23/2012

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

\_\_\_\_\_ Date