# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 14, 2011**
**Secretary of State**

DOCUMENT# 610206

**Entity Name:** ALL LINES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4828 BLANDING BLVD.
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

4828 BLANDING BLVD.
SUITE 1
JACKSONVILLE, FL 32210 US

**Current Mailing Address:**

PO BOX 7339
JACKSONVILLE, FL 32238 US

**New Mailing Address:**

**FEI Number: 59-1878884** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FARHAT, OMAR
4828 BLANDING BLVD
JACKSONVILLE, FL 32210 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: PD
Name: FARHAT, OMAR
Address: 4828 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: FARHAT, JANAN
Address: 4828 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32210

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: OMAR S. FARHAT PRES 03/14/2011

Electronic Signature of Signing Officer or Director Date