2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2010
Secretary of State

DOCUMENT# P08000002132

Entity Name: ABOVE ALL INSURANCE PA

Current Principal Place of Business:

20461 S TAMIAMI TRAIL #22
ESTERO, FL 33928 US

New Principal Place of Business:

Current Mailing Address:

20461 S TAMIAMI TRAIL #22
ESTERO, FL 33928 US

New Mailing Address:

FEI Number: 35-2314115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, LINDA
12778 KINGSMILL WAY
FORT MYERS, FL 33913 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: WILSON, WILLIAM
Address: 12669 GEM STONE CT
City-St-Zip: FORT MYERS, FL 33913 US

Title: TRES
Name: WILSON, WILLIAM
Address: 12669 GEM STONE CT
City-St-Zip: FORT MYERS, FL 33913 US

Title: SECT
Name: WILSON, KIMBERLY R
Address: 12669 GEM STONE CT
City-St-Zip: FORT MYERS, FL 33913 US

Title: DIR
Name: WILSON, WILLIAM
Address: 12669 GEM STONE CT
City-St-Zip: FORT MYERS, FL 33913 US

Title: PRES
Name: WILLIAM KEITH WILSON
Address: 20461 S TAMIAMI TRAIL #22
City-St-Zip: ESTERO, FL 33928

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: WILLIAM KEITH WILSON PRES 01/13/2010

Electronic Signature of Signing Officer or Director Date