

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110740

FILED
Feb 17, 2011
Secretary of State

Entity Name: EGI INSURANCE SERVICES (FLORIDA), INC.

Current Principal Place of Business:

260 WEKIVA SPRINGS RD., STE 2060
LONGWOOD, FL 32779

New Principal Place of Business:

260 WEKIVA SPRINGS ROAD
2060
LONGWOOD, FL 32779

Current Mailing Address:

260 WEKIVA SPRINGS RD., STE 2060
LONGWOOD, FL 32779

New Mailing Address:

260 WEKIVA SPRINGS ROAD
2060
LONGWOOD, FL 32779

FEI Number: 26-4055514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANFORD, PAUL P
106 S MONROE STREET
TALLAHASSEE, FL 32301 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: PCEO
Name: CIZEK, JAMES H
Address: 7515 COLONY DR
City-St-Zip: CUMMING, GA 30041

Title: VPDS
Name: BIRD, RICHARD W
Address: 294 CLEBURNE PLACE
City-St-Zip: ACWORTH, GA 30101

Title: D
Name: CIZEK, JAMES W
Address: 7515 COLONY DR
City-St-Zip: CUMMING, GA 30041

Title: D
Name: MCINTYRE, DOUGLAS E
Address: 803-9 BURNHAMTHORPE CRES
City-St-Zip: ETOBICOKE ONTARIO CANADA, M9A0A6 XX

Title: SEC
Name: DRUHOT, TROY D
Address: 1918 ENCHANTED WODDS TRIAL
City-St-Zip: MARIETTA, GA 30062

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: JAMES H. CIZEK

CEO

02/17/2011

Electronic Signature of Signing Officer or Director

Date