

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005305

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** THE FLORIDA INSURANCE GROUP OF VOLUSIA, INC.

**Current Principal Place of Business:**

4826 NORTH U.S.HIGHWAY 17  
DELEON SPRINGS, FL 32130

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 157  
DELEON SPRINGS, FL 32130

**New Mailing Address:**

**FEI Number:** 59-3227963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, ELAINE Y  
1386 S. SAXON BLVD  
DELTONA, FL 32725 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: V  
Name: RODRIGUEZ, JULIAN  
Address: 1386 S. SAXON B;VD  
City-St-Zip: DELTONA, FL 32725

Title: P  
Name: RODRIGUEZ, ELAINE Y  
Address: 1386 S. SAXON BLVD.  
City-St-Zip: DELTONA, FL 32725

Title: ST  
Name: RODRIGUEZ, ROSA B  
Address: 1386 S. SAXON BLVD.  
City-St-Zip: DELTONA, FL 32725

Title: V  
Name: RODRIGUEZ, JULIAN E  
Address: 1386 S. SAXON BLVD  
City-St-Zip: DELTONA, FL 32725

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: ELAINE Y. RODRIGUEZ

P

04/10/2012

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

\_\_\_\_\_ Date