

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H69284

**FILED**  
**Jun 20, 2011**  
**Secretary of State**

**Entity Name:** AL PURMORT INSURANCE, INC.

**Current Principal Place of Business:**

3340 BEE RIDGE ROAD  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

3340 BEE RIDGE ROAD  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 59-2551996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PURMORT, CLYDE ALLEN  
3340 BEE RIDGE ROAD  
SARASOTA, FL 34239 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: CEO  
Name: PURMORT, CLYDE A III  
Address: 3340 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34239

Title: CHB  
Name: PURMORT, CLYDE A II  
Address: 3340 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34239

Title: COO  
Name: DEL MEDICO, PATRICK  
Address: 3340 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34239

Title: SEC  
Name: PURMORT, CERITA  
Address: 3340 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34239

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: PATRICK DEL MEDICO

COO

06/20/2011

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

\_\_\_\_\_  
Date