

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 473950

FILED
Feb 04, 2011
Secretary of State

Entity Name: THE FLORIDA INSURANCE SCHOOL, INC.

Current Principal Place of Business:

2003 APALACHEE PKWY #200
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2003 APALACHEE PKWY #200
P.O. BOX 3522 (32315)
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1610422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HARRISON, JR., JAMES T
1327 N. ADAMS STREET
TALLAHASSEE, FL 32303 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: BEVERLY, A.M.
Address: 2003 APALACHEE PKWY #200
City-St-Zip: TALLAHASSEE, FL 32301

Title: S
Name: BOLLING, K. M.
Address: 2003 APALACHEE PKWY #200
City-St-Zip: TALLAHASSEE, FL 32301

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: KATHLEEN M BOLLING

S

02/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date