

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493109

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** STRONG TOWER INSURANCE, INC.

**Current Principal Place of Business:**

2004 W. THONOTOSASSA RD.  
SUITE 102  
PLANT CITY, FL 33563

**New Principal Place of Business:**

2004 W. THONOTOSASSA RD.  
SUITE 102  
PLANT CITY, FL 33563 US

**Current Mailing Address:**

2004 W. THONOTOSASSA RD.  
SUITE 102  
PLANT CITY, FL 33563

**New Mailing Address:**

2004 W. THONOTOSASSA RD.  
SUITE 102  
PLANT CITY, FL 33563 US

**FEI Number:** 59-1638850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: BURKETT, RAYMOND E  
Address: 2004 W. THONOTOSASSA RD. STE. 102  
City-St-Zip: PLANT CITY, FL 33563

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: R. EARL BURKETT

PD

02/08/2012

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

\_\_\_\_\_ Date