

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 579118

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC COAST INSURERS, INC.

**Current Principal Place of Business:**

109 MAGNOLIA STREET  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 250  
NEW SMYRNA BEACH, FL 32170 US

**New Mailing Address:**

**FEI Number:** 59-1833024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JENNINGS, WILLIAM  
625 PELICAN BAY DR.  
DAYTONA BEACH, FL 32119 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** JENNINGS, WILLIAM  
**Address:** 625 PELICAN BAY DRIVE  
**City-St-Zip:** DAYTONA BEACH, FL 32119

**Title:** ST  
**Name:** BARKER, SELMA D  
**Address:** P O BOX 131  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32170

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:** SELMA D. BARKER

ST

03/30/2010

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

\_\_\_\_\_  
Date