## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 667651** 

FILED Jan 23, 2012 Secretary of State

Entity Name: INSURANCE SERVICES OF CENTRAL FLORIDA, INC.

**New Principal Place of Business: Current Principal Place of Business:** 2910 MAGUIRE ROAD **SUITE 2004** OCOEE, FL 34761 **Current Mailing Address: New Mailing Address:** 2910 MAGUIRE ROAD SUITE 2004 OCOEE, FL 34761 FEI Number: 58-1396030 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLOWAY, COLIN F 395 BRASSIE DR LONGWOOD, FL 32750 US 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:

FERGUSON, FRANK B Name: 20 LACOSTA PLACE Address: City-St-Zip: PALM COAST, FL 32137

Title:

Name: GALLOWAY, COLIN F 395 BRASSIE DR Address: LONGWOOD, FL 32750 City-St-Zip:

Title: VΡ

GALLOWAY, LAURA M Name: 395 BRASSIE DR Address: City-St-Zip: LONGWOOD, FL 32750

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.

Ρ SIGNATURE: COLIN GALLOWAY 01/23/2012