

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005381

Entity Name: RWA INSURANCE, INC.

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

22934 THREE NOTCH ROAD  
STE. B  
CALIFORNIA, MD 20619

**New Principal Place of Business:**

**Current Mailing Address:**

22934 THREE NOTCH ROAD  
STE. B  
CALIFORNIA, MD 20619

**New Mailing Address:**

FEI Number: 58-2673782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HATCH, JOHN D ESQ.  
1267 BERKSHIRE LANE  
SUITE 200  
TARPON SPRINGS, FL 34688 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: TEPEL, FREDERICK A  
Address: 24151 HALF PONE POINT RD  
City-St-Zip: HOLLYWOOD, MD 20636 US

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: FREDERICK A TEPEL

CEO

02/14/2012

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

\_\_\_\_\_  
Date