

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002819

FILED
Feb 17, 2011
Secretary of State

Entity Name: LEAVITT CENTRAL COAST INSURANCE SERVICES, INC.

Current Principal Place of Business:

232 MONTEREY STREET
SALINAS, CA 93901

New Principal Place of Business:

Current Mailing Address:

232 MONTEREY STREET
SALINAS, CA 93901

New Mailing Address:

FEI Number: 26-3895931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VPD
Name: SVEDAS, FRANCIS M
Address: 232 MONTEREY STREET
City-St-Zip: SALINAS, CA 93901

Title: PD
Name: GATES, GREGORY
Address: 232 MONTEREY STREET
City-St-Zip: SALINAS, CA 93901

Title: V
Name: MCKALSON, WARD
Address: 232 MONTEREY STREET
City-St-Zip: SALINAS, CA 93901

Title: S
Name: KENNEY, MARK G
Address: 232 MONTEREY STREET
City-St-Zip: SALINAS, CA 93901

Title: T
Name: LEWIS, BARBARA
Address: 232 MONTEREY STREET
City-St-Zip: SALINAS, CA 93901

Title: VPD
Name: STARKE, JACK E
Address: 232 MONTEREY STREET
City-St-Zip: MONTEREY, CA 93901

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: FRANCIS M SVEDAS

VPD

02/17/2011

Electronic Signature of Signing Officer or Director

Date