

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F11000002072

**FILED**  
**Dec 04, 2012**  
**Secretary of State**

**Entity Name:** CORPSAVERS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6470 E JOHNS CROSSING STE 170  
DULUTH, GA 30097

**New Principal Place of Business:**

**Current Mailing Address:**

6470 E JOHNS CROSSING STE 170  
DULUTH, GA 30097

**New Mailing Address:**

**FEI Number:** 52-2113062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: PRES  
Name: SPALDING, GEORGE  
Address: 6470 E JOHNS CROSSING STE 170  
City-St-Zip: DULUTH, GA 30097

Title: T  
Name: MORRISON, ANGUS  
Address: 6470 E JOHNS CROSSING STE 170  
City-St-Zip: DULUTH, GA 30097

Title: DIRE  
Name: SPALDING, GEORGE  
Address: 6470 E JOHNS CROSSING STE 170  
City-St-Zip: DULUTH, GA 30097

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: GEORGE SPALDING

PRES

12/04/2012

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

\_\_\_\_\_  
Date