

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32221

FILED
Mar 09, 2009
Secretary of State

Entity Name: ATLANTIC PACIFIC INSURANCE, INCORPORATED

Current Principal Place of Business:

11382 PROSPERITY FARMS ROAD SUITE #123
C/O GREGORY J BEHL
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

11382 PROSPERITY FARMS ROAD SUITE #123
C/O GREGORY J BEHL
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 59-2085342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHL, GREGORY J
11382 PROSPERITY FARMS ROAD
SUITE 123
PALM BEACH GARDENS, FL 334100463 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: DP () Delete
Name: BEHL, GREGORY J
Address: 10218 S.E. BANYON WAY
City-St-Zip: TEQUESTA, FL 33469 US

Title: DVP () Delete
Name: HOOKER, JEFFERY A
Address: 1633 W LAKE RD
City-St-Zip: BELLE GLADE, FL 33430 US

Title: DT () Delete
Name: PEACE, DOUGLAS A
Address: 4762 PALO VERDE DR
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: DS () Delete
Name: PEACE, MATTHEW A
Address: 2267 NEWBERRY DR
City-St-Zip: WELLINGTON, FL 33414 US

Title: DVP () Delete
Name: TARDONIA, THOMAS N
Address: 4 HICKORY HILL ROAD
City-St-Zip: TEQUESTA, FL 33469 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY J BEHL

DP

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date