

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G18386

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

**Entity Name:** COVER-ALL SERVICE, INC.

**Current Principal Place of Business:**

9705 EAST COLONIAL DR.  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

**Current Mailing Address:**

9705 EAST COLONIAL DR.  
ORLANDO, FL 32817 US

**New Mailing Address:**

**FEI Number:** 59-2240713      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SPRING, WILLIAM F.  
10022 SALI DR.  
ORLANDO, FL 32817 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: P  
Name: SPRING, WILLIAM F.  
Address: 10022 SALI DR.  
City-St-Zip: ORLANDO, FL 32817

Title: V  
Name: SPRING, PHILLIP SEAN  
Address: 10022 SALI DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: ST  
Name: SPRING, PHYLLIS M  
Address: 10022 SALI DR.  
City-St-Zip: ORLANDO, FL 32817

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: WILLIAM FRANK SPRING

P

04/04/2012

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

\_\_\_\_\_  
Date