

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84507

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** A AAALL AMERICAN INSURANCE, INC.

**Current Principal Place of Business:**

200 BEVERLY PARKWAY  
PENSACOLA, FL 32505

**New Principal Place of Business:**

803 CARY MEMORIAL DRIVE  
PENSACOLA, FL 32505

**Current Mailing Address:**

200 BEVERLY PARKWAY  
PENSACOLA, FL 32505

**New Mailing Address:**

803 CARY MEMORIAL DRIVE  
PENSACOLA, FL 32505

FEI Number: 59-2443048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALL, RICK W.  
803 CARY MEMORIAL DRIVE  
PENSACOLA, FL 32505 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: PD ( ) Delete  
Name: HALL, RICK W PRES  
Address: 803 CARY MEMORIAL DR  
City-St-Zip: PENSACOLA, FL 32505 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RICK W HALL

PD

04/28/2008

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

\_\_\_\_\_ Date