

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M64341

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** A-ALL INSURANCE OF WPB, INC.

**Current Principal Place of Business:**

787 NORTHLAKE BLVD.  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

787 NORTHLAKE BLVD.  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** 65-0031566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIBB III, THOMAS D VP  
787 NORTHLAKE BLVD.  
NORTH PALM BEACH, FL 33408 US

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

DEVERCELLY, SHEILA  
787 NORTHLAKE BLVD.  
NORTH PALM BEACH, FL 33408 US

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: SHEILA DEVERCELLY

01/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DEVERCELLY, SHEILA  
Address: 797 NORTHLAKE BLVD  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: SHEILA DEVERCELLY

PRES

01/21/2011

Electronic Signature of Signing Officer or Director

Date