2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# M78748

Entity Name: ATLANTIC GULF INSURANCE AGENCY, INC.

Current Principal Place of Business:

4160 BURNING TREE LANE SOUTH
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

4160 BURNING TREE LANE SOUTH
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 59-2893666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLPE, TIMOTHY W ESQ
501 RIVERSIDE AVE., 7TH FLOOR
JACKSONVILLE, FL 32202 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: DPST
Name: HAYNES, VIRGINIA L
Address: 4160 BURNING TREE LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP
Name: HAYNES, LARRY E
Address: 4160 BURNING TREE LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32223 US

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: LARRY E. HAYNES VP 03/15/2011

Electronic Signature of Signing Officer or Director Date