

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038076

FILED
Apr 01, 2009
Secretary of State

Entity Name: INSURANCE ASSOCIATES OF PALM COAST, INC.

Current Principal Place of Business:

268 PALM COAST PKWY NE
B
PALM COAST, FL 32137

New Principal Place of Business:

160 CYPRESS POINT PKWY
A112
PALM COAST, FL 32164

Current Mailing Address:

P O BOX 878
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 59-3644481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, STEVEN G
268 PALM COAST PKWY NE
B
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

BROWN, STEVEN G
160 CYPRESS POINT PKWY
A112
PALM COAST, FL 32164 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: _____

Electronic Signature of Registered Agent

04/01/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, STEVEN G
Address: P O BOX 878
City-St-Zip: FLAGLER BEACH, FL 32136

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: STEVEN G BROWN

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date