## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000016954

Entity Name: ALL CENTRAL INSURANCE INC

FILED Apr 29, 2009 Secretary of State

Entity Na	Me: ALL CEN	TRAL INSURANCE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
2325 OLD HWY 441 MT. DORA, FL 32757			2325 W OLD HWY 441 MT. DORA, FL 32757		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2325 OLD MT. DORA	HWY 441 A, FL 32757				
FEI Number	: 59-3697745	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
18801 RA'	NG, DAVID VENSWOOD A, FL 32702	ROAD US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( SPAULDING, I 18801 RAVEN ALTOONA, FL	SWOOD RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SPAULDING, A 18801 RAVEN ALTOONA, FL	SWOOD RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DAVID SPAULDING PRES 04/29/2009