

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016954

FILED
Mar 08, 2011
Secretary of State

Entity Name: ALL CENTRAL INSURANCE, INC.

Current Principal Place of Business:

2325 W OLD HWY 441
MT. DORA, FL 32757

New Principal Place of Business:

2325 W OLD HWY 441
MT. DORA, FL 32757 22

Current Mailing Address:

2325 W OLD HWY 441
MT. DORA, FL 32757

New Mailing Address:

2325 W OLD HWY 441
MT. DORA, FL 32757 22

FEI Number: 59-3697745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAULDING, DAVID
18801 RAVENSWOOD ROAD
ALTOONA, FL 32702 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: D
Name: SPAULDING, DAVID
Address: 18801 RAVENSWOOD RD
City-St-Zip: ALTOONA, FL 32702 22

Title: VPRE
Name: SPAULDING, JEANETTE
Address: 18801 RAVENSWOOD RD
City-St-Zip: ALTOONA, FL 32702 22

Title: PRES
Name: SPAULDING, DAVID
Address: 18801 RAVENSWOOD RD
City-St-Zip: ALTOONA, FL 32702 22

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Name: SPAULDING, DAVID
Address: 18801 RAVENSWOOD RD
City-St-Zip: ALTOONA, FL 32702 22

Title: PRES
Name: SPAULDING, DAVID
Address: 18801 RAVENSWOOD RD
City-St-Zip: ALTOONA, FL 32702 22

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: DAVID SPAULDING

PRES

03/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date