

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016954

FILED  
Jan 13, 2012  
Secretary of State

Entity Name: ALL CENTRAL INSURANCE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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: VPRES  
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

01/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date