

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000018001

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** ALL PLUS INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3119 WEST DELEON ST  
#12  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

ALL PLUS INS. SERVICES, INC.  
PO BOX 26254  
TAMPA, FL 336296254

**New Mailing Address:**

**FEI Number:** 59-3707375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAUER, JOSEPH T  
3119 WEST DELEON ST  
#12  
TAMPA, FL 33609 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: DPVS  
Name: BAUER, JOSEPH T  
Address: 3119 WEST DELEON ST #12  
City-St-Zip: TAMPA, FL 33609

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: JOSEPH THOMAS BAUER

ST

04/27/2012

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

\_\_\_\_\_  
Date