

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073634

Entity Name: 4 CORNERS INSURANCE INC.

FILED
Jun 29, 2009
Secretary of State

Current Principal Place of Business:

45713 HWY 27
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 137344
CLERMONT, FL 34713 US

New Mailing Address:

FEI Number: 59-3732255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUR CORNERS INS
45713 US HWY 27
DAVENPORT, FL 33897 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MAP HOLDINGS
Address: PO BOX 137344
City-St-Zip: CLERMONT, FL 34713 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MAP HOLDINGS
Address: PO BOX 137344
City-St-Zip: CLERMONT, FL 34713 US

Title: CEO () Change (X) Addition
Name: SHARON, PALANTI
Address: 45713 HWY 27
City-St-Zip: DAVENPORT, FL 33897

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: SHARON PALANTI

CEO

06/29/2009

Electronic Signature of Signing Officer or Director

Date