

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000073634

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** 4 CORNERS INSURANCE INC.

**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:**

45713 HWY 27  
DAVENPORT, FL 33897 US

**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:**

MAP HOLDINGS INCORPORATED  
45713 US HWY 27  
DAVENPORT, FL 33897 US

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: MAP HOLDINGS

04/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MICHAEL PALANTI  
Address: 45713 HWY 27  
City-St-Zip: DAVENPORT, FL 33897 US

Title: CEO  
Name: SHARON, PALANTI  
Address: 45713 HWY 27  
City-St-Zip: DAVENPORT, FL 33897

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: SHARON PALANTI

CEO

04/30/2010

Electronic Signature of Signing Officer or Director

Date