

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073744

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED INSURANCE GROUP OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

18134 PERIGON WAY  
JUPITER, FL 33458

**New Principal Place of Business:**

1712 NATURE COURT  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

18134 PERIGON WAY  
JUPITER, FL 33458

**New Mailing Address:**

PO BOX 118  
JUPITER, FL 33468

**FEI Number:** 65-1126082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVENPORT, TONY  
18134 PERIGON WAY  
JUPITER, FL 33458 US

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

DAVENPORT, TONY  
1712 NATURE COURT  
PALM BEACH GARDENS, FL 33410 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:

02/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAVENPORT, TONY  
Address: PO BOX 118  
City-St-Zip: JUPITER, FL 33468

Title: ST  
Name: DAVENPORT, GLORIA  
Address: PO BOX 118  
City-St-Zip: JUPITER, FL 33468

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: GLORIA DAVENPORT

S/T

02/24/2011

Electronic Signature of Signing Officer or Director

Date