

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000028094

**Entity Name:** SAFETY HARBOUR INSURANCE, INC.

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10480 STRINGFELLOW RD  
STE 4  
ST. JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

10480 STRINGFELLOW RD  
STE 4  
ST. JAMES CITY, FL 33956

**New Mailing Address:**

FEI Number: 65-1177962      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

KEILING, CAROLYN S PRES  
10480 STRINGFELLOW RD  
STE 4  
ST. JAMES CITY, FL 33956 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: DP  
Name: KEILING, CAROLYN S PRES  
Address: 10480 STRINGFELLOW RD STE 4  
City-St-Zip: ST. JAMES CITY, FL 33956

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: CAROLYN S KEILING

Electronic Signature of Signing Officer or Director

PRES

01/19/2011

Date