

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000084475

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

**Entity Name:** BRIGHTWAY INSURANCE, INC.

**Current Principal Place of Business:**

3733 W UNIVERSITY BLVD., STE. 100  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

3733 W UNIVERSITY BLVD., STE. 100  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 76-0738082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCMULLEN, JACK K  
301 EAST PINE STREET  
1400  
ORLANDO, FL 32801 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: PSTD  
Name: MILLER, DAVID C  
Address: 3733 W UNIVERSITY BLVD., STE. 100  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD  
Name: MILLER, MICHAEL A  
Address: 3733 W UNIVERSITY BLVD., STE. 100  
City-St-Zip: JACKSONVILLE, FL 32217

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: DAVID C. MILLER

PTSD

02/24/2011

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

\_\_\_\_\_  
Date