

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000106348

**FILED**  
**Jun 14, 2010**  
**Secretary of State**

**Entity Name:** ASSOCIATES FIRST INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

12701 S. JOHN YOUNG PKWY  
201  
ORLANDO, FL 32837

**New Principal Place of Business:**

12701 S. JOHN YOUNG PKWY  
STE 201  
ORLANDO, FL 32837

**Current Mailing Address:**

P.O.BOX 770006  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 20-0260344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AHMAD, ZAHIR  
12421 APPOMATOX DRIVE  
ORLANDO, FL 32837 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: PD  
Name: AHMAD, ZAHIR  
Address: PO BOX 770006  
City-St-Zip: ORLANDO, FL 328370006

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: ZAHIR AHMAD

PD

06/14/2010

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

\_\_\_\_\_  
Date