2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2011
Secretary of State

DOCUMENT# P03000138701

Entity Name: CENTRAL FLORIDA INSURANCE SCHOOL, INC.

Current Principal Place of Business:

200 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

200 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 56-2416672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEBAIDE, LYNN M
1703 ASTOR FARMS PLACE
SANFORD, FL 32771 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: GEBAIDE, LYNN M
Address: 1703 ASTOR FARMS PLACE
City-St-Zip: SANFORD, FL 32771

Title: SV
Name: GEBAIDE, MICHAEL J
Address: 1703 ASTOR FARMS PLACE
City-St-Zip: SANFORD, FL 32771

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: LYNN M GEBAIDE PD 02/13/2011

Electronic Signature of Signing Officer or Director Date