2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P03000140810

Entity Name: CLIFFORD INSURANCE CENTER, INC.

Current Principal Place of Business:

9790 SE 160TH LANE
SUMMERFIELD, FL 34491

New Principal Place of Business:

9790 SE 160TH LANE
SUMMERFIELD, FL 34491 US

Current Mailing Address:

11125 SE SUNSET HARBOR RD.
SUMMERFIELD, FL 34491

New Mailing Address:

11125 SE SUNSET HARBOR RD.
SUMMERFIELD, FL 34491 US

FEI Number: 75-3139362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLIFFORD, LINDA K
9790 S.E. 160TH LANE
SUMMERFIELD, FL 34491 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: VPD
Name: CLIFFORD, ALICIA R
Address: 2702 S.E. 145TH STREET
City-St-Zip: SUMMERFIELD, FL 34491

Title: STD
Name: CLIFFORD, WILLIAM D
Address: 11125 S.E. SUNSET HARBOR ROAD
City-St-Zip: SUMMERFIELD, FL 34491

Title: PD
Name: CLIFFORD, LINDA K
Address: 9790 S.E. 160TH LANE
City-St-Zip: SUMMERFIELD, FL 34491

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: LINDA K. CLIFFORD PD 02/17/2011

Electronic Signature of Signing Officer or Director Date