

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 17, 2011
Secretary of State

Entity Name: SOUTHWEST FLORIDA COMMUNITY INSURANCE, INC.

Current Principal Place of Business:

5431 PARKER DR.
FORT MYERS, FL 33919

New Principal Place of Business:

5431 PARKER DR.
FORT MYERS, FL 33919 22

Current Mailing Address:

5431 PARKER DR.
FORT MYERS, FL 33919

New Mailing Address:

5431 PARKER DR.
FORT MYERS, FL 33919 22

FEI Number: 54-2135012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLINO, MICHAEL L
5431 PARKER DR
FORT MYERS, FL 33919 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: PVTS
Name: CARLINO, MICHAEL L
Address: 5431 PARKER DR
City-St-Zip: FORT MYERS, FL 33919 22

Title: PRES
Name: CARLINO, MICHAEL
Address: 5431 PARKER DR
City-St-Zip: FORT MYERS, DR 33919 22

Title: PRES
Name: CARLINO, MICHAEL
Address: 5431 PARKER DR
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Address: 5431 PARKER DR
City-St-Zip: FORT MYERS, DR 33919 22

Title: PRES
Name: CARLINO, MICHAEL
Address: 5431 PARKER DR
City-St-Zip: FORT MYERS, DR 33919 22

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: MICHAEL CARLINO

PRES

03/17/2011

Electronic Signature of Signing Officer or Director

Date