

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056791

FILED
Feb 18, 2011
Secretary of State

Entity Name: USG INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

14499 N. DALE MABRY, STE. 215S
TAMPA, FL 336182071 US

New Principal Place of Business:

Current Mailing Address:

14499 N. DALE MABRY, STE. 215S
TAMPA, FL 336182071 US

New Mailing Address:

FEI Number: 14-1916032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORTON, GERALD W
14499 N. DALE MABRY, STE. 215S
TAMPA, FL 336182071 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: PRES
Name: HORTON, GERALD W
Address: 18611 AVENUE MONACO
City-St-Zip: LUTZ, FL 33558

Title: EVP
Name: HORTON, TIMOTHY W
Address: 1011 LAKESIDE DRIVE
City-St-Zip: MCDONALD, PA 15057

Title: SECY
Name: HORTON, SUSAN M
Address: 18611 AVENUE MONACO
City-St-Zip: LUTZ, FL 33558

Title: ASEC
Name: TOMPKINS, A. STUART
Address: 28664 APPLE BLOSSOM LANE
City-St-Zip: FARMINGTON HILLS, MI 48331

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: GERALD W. HORTON

PRES

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date