

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076267

FILED
Mar 06, 2012
Secretary of State

Entity Name: CENTERPOINTE INSURANCE, INC.

Current Principal Place of Business:

825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 20-1113138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRONENGOLD, JEFFREY ESQUIRE
825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 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: PTD
Name: PERRY, CRAIG
Address: 825 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VPSD
Name: STIEGELE, ROBERT
Address: 825 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: CRAIG PERRY

P

03/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date