

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093885

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** ACCURATE INSURANCE AND FINANCIAL SERVICES OF ST LUCIE, INC

**Current Principal Place of Business:**

439 SE PORT SAINT LUCIE BLVD  
117  
PORT SAINT LUCIE, FL 34984 US

**New Principal Place of Business:**

**Current Mailing Address:**

439 SE PORT SAINT LUCIE BLVD  
117  
PORT SAINT LUCIE, FL 34984 US

**New Mailing Address:**

**FEI Number:** 20-1465364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLWOOD, DIANA M  
439 SE PORT SAINT LUCIE BLVD  
117  
PORT SAINT LUCIE, FL 34984 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: P  
Name: ELLWOOD, DIANA M  
Address: 439 SE PORT SAINT LUCIE BLVD SUITE 117  
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: V  
Name: ELLWOOD, GARY F  
Address: 3327 HATCHER STREET  
City-St-Zip: FORT PIERCE, FL 34981

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: DIANA ELLWOOD

P

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date