

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097601

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** HUGH CAIN TOWNE CENTRE INSURANCE, INC

**Current Principal Place of Business:**

14557 NW US HIGHWAY 441  
SUITE 100  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 368  
ALACHUA, FL 32616

**New Mailing Address:**

**FEI Number:** 20-1301023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAIN, FITZHUGH L III  
24627 NW 110 AVE  
ALACHUA, FL 32615 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAIN, FITZHUGH L III  
**Address:** 24627 NW 110 AVE  
**City-St-Zip:** ALACHUA, FL 32615

**Title:** S/T  
**Name:** CAIN, TRACI L  
**Address:** 24627 NW 110 AVENUE  
**City-St-Zip:** ALACHUA, FL 32615

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: FITZHUGH L CAIN III

PD

03/17/2010

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

\_\_\_\_\_ Date