

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000139295

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** WAUCHULA INSURANCE COMPANY, INC

**Current Principal Place of Business:**

110 W ORANGE ST - UNIT 108  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

110 W ORANGE ST - UNIT 108  
WAUCHULA, FL 33873

**New Mailing Address:**

**FEI Number:** 27-0105088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EXLER, BETH  
116 STANHOPE ST  
PT CHARLOTTE, FL 33954 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: D  
Name: EXLER, J L  
Address: 10 W ORANGE ST -UNIT 108  
City-St-Zip: WAUCHULA, FL 33873

Title: D  
Name: EXLER, BETH  
Address: 10 W ORANGE ST - UNIT 108  
City-St-Zip: WAUCHULA, FL 33873

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: BETH EXLER

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02/16/2011

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

\_\_\_\_\_  
Date