

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146036

FILED
Mar 30, 2010
Secretary of State

Entity Name: USASSURE INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

5011 GATE PKWY - STE 150
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

5011 GATE PKWY - STE 150
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3716329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.
14 EAST BAY STREET
JACKSONVILLE, FL 32202 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: PCD
Name: PETWAY, THOMAS F IV
Address: 5011 GATE PKWY - STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: S
Name: EMANS, CHRISTOPHER F
Address: 5011 GATE PKWY - STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: AVP
Name: BENSON, JEFFREY M
Address: 5011 GATE PKWY - STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: DC
Name: PETWAY, THOMAS F III
Address: 5011 GATE PKWY - STE 150
City-St-Zip: JACKSONVILLE, FL 32256

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: CHRISTOPHER EMANS

S

03/30/2010

Electronic Signature of Signing Officer or Director

_____ Date