

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000159075

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ESTERSON INSURANCE GROUP INC.

**Current Principal Place of Business:**

8271 WEST BROWARD BLVD  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

8271 WEST BROWARD BLVD  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:** 20-1840717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESTERSON, JAY  
333 LAS OLAS BLVD APT 1402  
FT LAUDERDALE, FL 33301 US

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

ESTERSON, JAY  
14375 SW 10TH ST  
PEMBROKE PINES, FL 33307 US

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:** JAY ESTERSON

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** ESTERSON, JAY  
**Address:** 8271 WEST BROWARD BLVD  
**City-St-Zip:** PLANTATION, FL 33324 US

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:** JAY ESTERSON

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date