2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# P05000118839

Entity Name: PARADISE COAST INSURANCE, INC.

Current Principal Place of Business:

249 HIGHWAY 98
EASTPOINT, FL 32328 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 583
APALACHICOLA, FL 32329 US

New Mailing Address:

FEI Number: 20-3363771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, JAMES H JR.
249 HIGHWAY 98
EASTPOINT, FL 32328 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: PRES
Name: MILLER, JAMES H JR.
Address: POST OFFICE BOX 583
City-St-Zip: APALACHICOLA, FL 32329

Title: VP
Name: MILLER, JAMES H JR.
Address: POST OFFICE BOX 583
City-St-Zip: APALACHICOLA, FL 32329

Title: SEC
Name: MILLER, JAMES H JR.
Address: POST OFFICE BOX 583
City-St-Zip: APALACHICOLA, FL 32329

Title: TREA
Name: MILLER, JAMES H JR.
Address: POST OFFICE BOX 583
City-St-Zip: APALACHICOLA, FL 32329

Title: DIR
Name: MILLER, JAMES H JR.
Address: POST OFFICE BOX 583
City-St-Zip: APALACHICOLA, FL 32329

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: JAMES H. MILLER, JR. PRES 01/06/2012

Electronic Signature of Signing Officer or Director Date