

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159081

FILED
Apr 28, 2009
Secretary of State

Entity Name: A COMMUNITY INSURANCE OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

38336 FIFTH AVE.
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

38336 5TH AVE
ZEPHYRHILLS, FL 33542

Current Mailing Address:

38336 FIFTH AVE.
ZEPHYRHILLS, FL 33542

New Mailing Address:

38336 5TH AVE
ZEPHYRHILLS, FL 33542

FEI Number: 02-0544700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDILI, PAUL P
32206 PASCO RD.
SAN ANTONIO, FL 33576 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 () Delete
Name: MIDILI, PAUL P
Address: PO BOX 162
City-St-Zip: SAN ANTONIO, FL 33576

Title: VP () Delete
Name: MIDILI, PATRICK D
Address: 5224 BRADDOCK DR
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIDILI, PAUL P
Address: PO BOX 162
City-St-Zip: SAN ANTONIO, FL 33576

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICK MIDILI

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date