

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000001040

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** FOUR POINT INSURANCE INSPECTION, INC.

**Current Principal Place of Business:**

535 CENTRAL AVE  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

4825 HUNTINGTON ST NE  
ST PETERSBURG, FL 33703

**Current Mailing Address:**

535 CENTRAL AVE  
ST PETERSBURG, FL 33701

**New Mailing Address:**

P.O. BOX 15437  
SAINT PETERSBURG, FL 33733

**FEI Number:** 20-4067690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REYNOLDS, THOMAS E ESQ  
535 CENTRAL AVE  
ST PETERSBURG, FL 33701 US

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

FRANCIS, TIM W  
4825 HUNTINGTON ST NE  
ST PETERSBURG, FL 33703 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: TIM W FRANCIS

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FRANCIS, TIM W  
Address: 4825 HUNTINGTON  
City-St-Zip: SAINT PETERSBURG, FL 33703

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: TIM W FRANCIS

D

04/30/2010

Electronic Signature of Signing Officer or Director

Date