

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049438

Entity Name: NUSURANCE CORP

FILED
Apr 24, 2010
Secretary of State

Current Principal Place of Business:

9280 BAY PLAZA BLVD.
706
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

9280 BAY PLAZA BLVD.
706
TAMPA, FL 33619

New Mailing Address:

FEI Number: 20-4642323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAZOR, CHRISTOPHER P KAZOR
9280 BAY PLAZA BLVD
SUITE 706
TAMPA, FL 33619 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: DPST
Name: KAZOR, CHRISTOPHER P PRES
Address: 9280 BAY PLAZA BLVD. STE 706
City-St-Zip: TAMPA, FL 33619

Title: VP
Name: KAZOR, CHRISTINE S VP
Address: 12824 TALLOWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: D
Name: CHARLES ROBSON
Address: 8728 61ST CT E
City-St-Zip: PARRISH, FL 34219

Title: D
Name: WILLIAM, WELDON G
Address: 2733 NEWMARKET CIR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: MIKE, PATRINO
Address: 7607 SOUTHERN BROOK BEND STE 103
City-St-Zip: TAMPA, FL 33635

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: CPK8843

PRES

04/24/2010

Electronic Signature of Signing Officer or Director

Date