

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046154

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** FOUR CORNERS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

45713 US HWY 27  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 137344  
CLERMONT, FL 34713

**New Mailing Address:**

45713 US HWY 27  
DAVENPORT, FL 33897

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MAP HOLDINGS, INC  
45713 US HWY 27  
DAVENPORT, FL 33897 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: MAP HOLDINGS, INC  
Address: 45713 US HWY 27  
City-St-Zip: DAVENPORT, FL 33897

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: MAP HOLDINGS

MNGR

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date