

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000057036

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** FULTON INSURANCE GROUP, INC.

**Current Principal Place of Business:**

4117 LITTLE ROAD STE 102  
TRINTY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

4117 LITTLE ROAD STE 102  
TRINTY, FL 34655

**New Mailing Address:**

**FEI Number:** 74-3214627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULTON, R. KEITH  
4117 LITTLE ROAD STE 102  
TRINTY, FL 34655 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: DPST  
Name: FULTON, R. KEITH  
Address: 866 HARBOR HILL DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

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: R KEITH FULTON

DPST

03/21/2012

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

\_\_\_\_\_  
Date