

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000060798

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** MOBERLY INSURANCE SOLUTIONS INC

**Current Principal Place of Business:**

501 SE PORT ST. LUCIE BLVD.  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

501 SE PORT ST. LUCIE BLVD.  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 26-0419049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOBERLY, DAVID  
3315 SE WEST SNOW ROAD  
PORT ST LUCIE, FL 34984 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: P  
Name: MOBERLY, DAVID  
Address: 3315 SE WEST SNOW ROAD  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D  
Name: MOBERLY, LAURA  
Address: 3315 S.E. WET SNOW ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34984

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: LAURA MOBERLY

DIRE

01/20/2012

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

\_\_\_\_\_  
Date