

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100793

Entity Name: SURE INSURANCE, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

705 N OCEANSHORE BLVD  
FLAGLER BCH, FL 32136

## New Principal Place of Business:

389 PALM COAST PARKWAY SW  
UNIT 4  
PALM COAST, FL 32137

## Current Mailing Address:

8 ST. CHARLES PLACE  
FLAGLER BCH, FL 32136

## New Mailing Address:

PO BOX 188  
FLAGLER BCH, FL 32136

FEI Number: 26-1569742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRIES, ROBERT M  
8 ST. CHARLES PLACE  
FLAGLER BCH, FL 32136 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: P ( ) Delete  
Name: FRIES, ROBERT M  
Address: 705 N OCEANSHORE BLVD  
City-St-Zip: FLAGLER BCH, FL 32136

Title: VP ( ) Delete  
Name: FRIES, CHARITY H  
Address: 705 N OCEANSHORE BLVD  
City-St-Zip: FLAGLER BCH, FL 32136

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FRIES, ROBERT M  
Address: 8 ST. CHARLES PLACE  
City-St-Zip: FLAGLER BCH, FL 32136

Title: VP (X) Change ( ) Addition  
Name: FRIES, CHARITY H  
Address: 8 ST. CHARLES PLACE  
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT M FRIES

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date