

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102043

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** FIRST CHOICE INSURANCE OF AMERICA, INC.

**Current Principal Place of Business:**

2942 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

2942 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

FEI Number: 26-0899394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 N. DALE MABRY HIGHWAY  
SUITE 110  
TAMPA, FL 33618 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: DIR.  
Name: OCCY, ALGO  
Address: 10857 COLORADO SPRINGS AVE  
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: PRES  
Name: OCCY, ALGO  
Address: 10857 COLORADO SPRINGS AVE.  
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: SEC.  
Name: OCCY, RAYMONDE  
Address: 10857 COLORADO SPRINGS AVE.  
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: TREA  
Name: OCCY, ALGO  
Address: 10857 COLORADO SPRINGS AVE.  
City-St-Zip: JACKSONVILLE, FL 32219 US

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: ALGO OCCY

PRES

04/30/2010

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

\_\_\_\_\_ Date