# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2012**
**Secretary of State**

DOCUMENT# P08000026427

**Entity Name:** PAFFORD INSURANCE, INC.

**Current Principal Place of Business:**

839 W ST. AUGUSTINE STREET
TALLAHASSEE, FL 32316

**New Principal Place of Business:**

**Current Mailing Address:**

507 EAST IVAN ROAD
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number: 26-2197918** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LOWE, FRANCES C
3042 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 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: DP
Name: PAFFORD, MICHAEL
Address: 507 EAST IVAN ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ST
Name: NEWMAN, STACIE D
Address: 507 EAST IVAN ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: MICHAEL PAFFORD DP 04/27/2012

Electronic Signature of Signing Officer or Director Date