

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000046775

Entity Name: AT EASE INSURANCE, INC.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1044 JILLIAM WAY  
WINTER GARDEN, FL 34787

## **New Principal Place of Business:**

303 LARGOVISTA DR  
OAKLAND, FL 34787

## **Current Mailing Address:**

1044 JILLIAM WAY  
WINTER GARDEN, FL 34787

## **New Mailing Address:**

303 LARGOVISTA DR  
OAKLAND, FL 34787

FEI Number: 26-2617155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## **Name and Address of New Registered Agent:**

HONEYGAN, ALSIA M  
303 LARGAVISTA DR  
OAKLAND, FL 34787 US

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: ALSIA M. HONEYGAN

04/24/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DP  
Name: HONEYGAN, MUREEN  
Address: 303 LARGOVISTA DR  
City-St-Zip: OAKLAND, FL 34787

Title: SEC/  
Name: HONEYGAM, VIVIAN R  
Address: 303 LARGOVISTA DR  
City-St-Zip: OAKLAND, FL 34787

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: MUREEN HONEYGAN

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date