

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047424

Entity Name: A & B INSURANCE, INC.

FILED  
Apr 12, 2011  
Secretary of State

**Current Principal Place of Business:**

8424 4TH ST N STE M  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

8424 4TH ST N STE M  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 74-3259683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTIN, ARLENE  
8424 4TH ST N  
#M  
ST. PETERSBURG, FL 33702 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/D  
Name: MARTIN, ARLENE  
Address: 8424 4TH ST N #M  
City-St-Zip: ST. PETERSBURG, FL 33702

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: ARLENE F. MARTIN

PRES

04/12/2011

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

\_\_\_\_\_ Date