

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053583

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** ACCESS FLORIDA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

C/O ACCESS RE INTERNATIONAL CENTER STE 500  
26 BERMUDIANA ROAD, SUITE 500  
HAMILTON HM 11, NA BERMUDA

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ACCESS RE INTERNATIONAL CENTER STE 500  
26 BERMUDIANA ROAD, SUITE 500  
HAMILTON HM 11, NA BERMUDA

**New Mailing Address:**

**FEI Number:** 26-2918166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: COCD  
Name: MCDONNELL, ENDA  
Address: C/O ACCESS RE INTERNATIONAL CENTER STE 500  
City-St-Zip: HAMILTON HM 11, NA BERMUDA NA

Title: COCD  
Name: KING, JOSEPH N  
Address: C/O ACCESS RE INTERNATIONAL CENTER STE 500  
City-St-Zip: HAMILTON HM 11, NA BERMUDA NA

Title: D  
Name: HAUSERMAN, WILLIAM G  
Address: C/O ACCESS RE INTERNATIONAL CENTER STE 500  
City-St-Zip: HAMILTON HM 11, NA BERMUDA NA

Title: D  
Name: KEYSER, MARK  
Address: C/O ACCESS RE INTERNATIONAL CENTER STE 500  
City-St-Zip: HAMILTON HM 11, NA BERMUDA NA

Title: D  
Name: NEWMAN, JAMES W  
Address: C/O ACCESS RE INTERNATIONAL CENTER STE 500  
City-St-Zip: HAMILTON HM 11, NA BERMUDA NA

Title: PD  
Name: CHAPLIN, JOHN  
Address: C/O ACCESS RE INTERNATIONAL CENTER STE 500  
City-St-Zip: HAMILTON HM 11, NA BERMUDA NA

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: JOHN CHAPLIN

PD

05/03/2010

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

\_\_\_\_\_  
Date