

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059427

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** NCA INSURANCE SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

3950 S. US HWY 17-92  
STE 2064-B  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

854 MOONLUSTER DRIVE  
CASSELBERRY, FL 32707

**Current Mailing Address:**

3950 S. US HWY 17-92  
STE 2064-B  
CASSELBERRY, FL 32707

**New Mailing Address:**

PO BOX 180668  
CASSELBERRY, FL 32718 06

FEI Number: 26-2922324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JURGELONIS, JACQUELINE  
854 MOONLUSTER DRIVE  
CASSELBERRY, FL 32707 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  
Name: JURGELONIS, JACQUELINE B  
Address: 854 MOONLUSTER DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

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: JACQUELINE JURGELONIS

PRES

04/15/2011

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

\_\_\_\_\_ Date