

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059427

FILED
Mar 06, 2012
Secretary of State

Entity Name: NCA INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

854 MOONLUSTER DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

PO BOX 180668
CASSELBERRY, FL 32718 06

New Mailing Address:

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 B JURGELONIS

PRES

03/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date