

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083872

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: ATLANTIC INSURANCE BROKERAGE CORPORATION

**Current Principal Place of Business:**

1753 LIVE OAK LANE  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

1753 LIVE OAK LANE  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 26-3615474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORAFATES, ANDREW  
1753 LIVE OAK LANE  
ATLANTIC BEACH, FL 32233 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORAFATES, ANDREW  
Address: 1753 LIVE OAK LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: MORAFATES, ANDREW  
Address: 1753 LIVE OAK LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANDREW MORAFATES

DPS

01/20/2009

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

\_\_\_\_\_  
Date