

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000084479

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** ALLIED INSURANCE MANAGEMENT INC.

**Current Principal Place of Business:**

3705 CHIQUITA BLVD.  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

3705 CHIQUITA BLVD.  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 26-3379367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIELDS, DAWN I  
2812 S.W. 20TH AVE.  
CAPE CORAL, FL 33914 US

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

FIELDS, DAWN I  
3705 CHIQUITA BLVD  
CAPE CORAL, FL 33914 US

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: DAWN I FIELDS

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: FIELDS, DAWN I  
Address: 2812 S.W. 20TH AVE.  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S, T  
Name: FIELDS, DAWN I  
Address: 2812 S.W. 20TH AVE.  
City-St-Zip: CAPE CORAL, FL 33914 US

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: DAWN I FIELDS

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date