

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000090578

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

**Entity Name:** EQUALITY INSURANCE AND FINANCIAL SERVICES INCORPORATION

**Current Principal Place of Business:**

3215 S. US HWY 1  
A  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

1219 S 10TH STREET  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 26-3477209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, MARIA  
1219 S 10TH STREET  
FORT PIERCE, FL 34950 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: DP  
Name: GONZALEZ, MARIA  
Address: 1219 S 10TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

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: MARIA GONZALEZ

DP

03/17/2011

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

\_\_\_\_\_  
Date