

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000032339

FILED  
Apr 06, 2011  
Secretary of State

Entity Name: FOCUS INSURANCE GROUP INC.

**Current Principal Place of Business:**

1503 S. US HWY 301., STE 11  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

1503 S. US HWY 301., STE 11  
TAMPA, FL 33619 US

**New Mailing Address:**

FEI Number: 26-4635229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEGUI, DAVID W  
15310 PALOMAPARK LANE  
LITHIA, FL 33547 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: CEO  
Name: SEGUI, DAVID W  
Address: 1503 S. US HWY 301., STE 11  
City-St-Zip: TAMPA, FL 33619 US

Title: VP  
Name: STEVENS, JOHN  
Address: 1503 SOUTH US HWY 301 STE 11  
City-St-Zip: TAMPA, FL 33619

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: DAVID SEGUI

CEO

04/06/2011

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

\_\_\_\_\_  
Date