

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000034238

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** 1ST QUALITY INSURANCE GROUP, INC.

**Current Principal Place of Business:**

250 EAST PARK AVE.  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 EAST PARK AVE.  
LAKE WALES, FL 33853 US

**New Mailing Address:**

**FEI Number:** 27-2299416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAFF, TULA M ESQUIRE  
3399 CYPRESS GARDENS ROAD SUITE C  
WINTER HAVEN, FL 33884 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  
**Name:** RUMFELT, THOMAS B  
**Address:** 250 EAST PARK AVE.  
**City-St-Zip:** LAKE WALES, FL 33853 US

**Title:** VP  
**Name:** RUMFELT, CHAT T  
**Address:** 250 EAST PARK AVE.  
**City-St-Zip:** LAKE WALES, FL 33853 US

**Title:** SDT  
**Name:** BRADLEY, HELENE M  
**Address:** 250 E. PARK AVE  
**City-St-Zip:** LAKE WALES, FL 33853 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:** HELENE M. BRADLEY

SDT

04/09/2010

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

\_\_\_\_\_  
Date