

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000034238

FILED
Mar 28, 2011
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:

HAFF, TULA M ESQUIRE
135 NORTH 6TH STREET
SECOND FLOOR
HAINES CITY, FL 33844 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: TULA M HAFF ESQUIRE

03/28/2011

Electronic Signature of Registered Agent

Date

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

STD

03/28/2011

Electronic Signature of Signing Officer or Director

Date