

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000039706

FILED  
Sep 16, 2010  
Secretary of State

**Entity Name:** TRUST HOUSE INSURANCE, INC.

**Current Principal Place of Business:**

16603 SW 1 STREET  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

500 W. CYPRESS CREEK ROAD  
455  
FORT LAUDERDALE,, FL 33309

**Current Mailing Address:**

16603 SW 1 STREET  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

6241 HURON TERRACE  
DAVIE, FL 33331

**FEI Number:** 90-0484975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VERRIER, SCOTT R  
16603 SW 1 STREET  
PEMBROKE PINES, FL 33027 US

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

VERRIER, SCOTT R  
6241 HURON TERRACE  
DAVIE, FL 33331 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:

Electronic Signature of Registered Agent

09/16/2010

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VERRIER, SCOTT R  
Address: 6241 HURON TERRACE  
City-St-Zip: DAVIE, FL 33331

Title: VP  
Name: VERRIER, MARIA A  
Address: 6241 HURON TERRACE  
City-St-Zip: DAVIE, FL 33331

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: SCOTT R VERRIER

P

09/16/2010

Electronic Signature of Signing Officer or Director

Date