

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062070

FILED
Feb 24, 2011
Secretary of State

Entity Name: EASTSIDE INSURANCE CENTER, INC.

Current Principal Place of Business:

3101 N. MAIN ST.
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

3101 N. MAIN ST.
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 27-0601562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, WILLIAM C
3101 N MAIN ST
JACKSONVILLE, FL 32206 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: P
Name: BROWN, WILLIAM C
Address: 6717 LENCZYK DR.
City-St-Zip: JACKSONVILLE, FL 32277 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: WILLIAM C BROWN

PRES

02/24/2011

Electronic Signature of Signing Officer or Director

Date