

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000072019

FILED
Apr 11, 2012
Secretary of State

Entity Name: ACCURATE INSURANCE SERVICES, INC.

Current Principal Place of Business:

213 SW PARK STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

213 SW PARK STREET
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 37-1588034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAW OFFICES OF DARRIN T MISH, P.A.
100 S EDISON AVENUE
SUITE A
TAMPA, FL 33606 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: HANIMAN, MARCUS A
Address: 213 SW PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: VP
Name: HANIMAN, MARCUS A
Address: 213 SW PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: S
Name: HANIMAN, MARCUS A
Address: 213 SW PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: T
Name: HANIMAN, MARCUS A
Address: 213 SW PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: D
Name: HANIMAN, MARCUS A
Address: 213 SW PARK STREET
City-St-Zip: OKEECHOBEE, FL 34972 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: MARCUS A HANIMAN

PRES

04/11/2012

Electronic Signature of Signing Officer or Director

Date