

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000077774

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** BEACON INSURANCE AGENCY OF PACE, INC

**Current Principal Place of Business:**

4960 FOREST CREEK DR.  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

4960 FOREST CREEK DR.  
PACE, FL 32571

**New Mailing Address:**

**FEI Number:** 27-1168957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORTUNE, TERRY  
4960 FOREST CREEK DR.  
PACE, FL 32571 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: FORTUNE, TERRY  
Address: 4960 FOREST CREEK DR.  
City-St-Zip: PACE, FL 32571

Title: VP  
Name: FORTUNE, MARY STEWART  
Address: 4960 FOREST CREEK DR.  
City-St-Zip: PACE, FL 32571

Title: TRES  
Name: FORTUNE, TERRY  
Address: 4960 FOREST CREEK DR.  
City-St-Zip: PACE, FL 32571

Title: SEC  
Name: FORTUNE, TERRY  
Address: 4960 FOREST CREEK DR.  
City-St-Zip: PACE, FL 32571

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: TERRY FORTUNE

PRES

01/25/2012

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

\_\_\_\_\_  
Date