

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000099011

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** ARH INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

5115 SILO RD  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

4405 SARTILLO RD SUITE B  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

52 TUSCAN WAY, STE 202, PMB 114  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

4405 SARTILLO RD SUITE B  
ST AUGUSTINE, FL 32095

FEI Number: 27-1445228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HORTON, ALEXANDER  
5115 SILO RD  
ST AUGUSTINE, FL 32092 US

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

HORTON, ALEXANDER  
4405 SARTILLO RD SUITE B  
ST AUGUSTINE, FL 32095 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: ALEX HORTON

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HORTON, ALEXANDER  
Address: 4405 SARTILLO RD SUITE B  
City-St-Zip: ST AUGUSTINE, FL 32095

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: ALEXANDER HORTON

P

02/08/2012

Electronic Signature of Signing Officer or Director

Date