

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000004055

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GLASURE INSURANCE GROUP, INC.

**Current Principal Place of Business:**

7770 WESTMORELAND DRIVE  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

**Current Mailing Address:**

7770 WESTMORELAND DRIVE  
SARASOTA, FL 34243 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SCOVILL, WILLIAM B ESQ.  
1605 MAIN STREET  
SUITE 912  
SARASOTA, FL 34236 US

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

BART SCOVILL, PLC  
1605 MAIN STREET  
SUITE 912  
SARASOTA, FL 34236 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: WILLIAM B. SCOVILL

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GLASURE, BETSY W  
Address: 7770 WESTMORELAND DRIVE  
City-St-Zip: SARASOTA, FL 34243 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: BETSY W. GLASURE

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date