

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000021827

Entity Name: ABATE INSURANCE CORP.

FILED
Apr 01, 2012
Secretary of State

Current Principal Place of Business:

59 BLACK HICKORY WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

59 BLACK HICKORY WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 27-2065207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABATE, MICHAEL
59 BLACK HICKORY WAY
ORMOND BEACH, FL 32174 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: PRES
Name: ABATE, MICHAEL
Address: 59 BLACK HICKORY WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHAEL P ABATE

PRES

04/01/2012

Electronic Signature of Signing Officer or Director

Date