

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000024417

FILED
Jan 25, 2011
Secretary of State

Entity Name: NEW JAX CITY INSURANCE INC

Current Principal Place of Business:

9943 BEACH BLVD
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9943 BEACH BLVD
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 27-2148007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCRUM, LEAH M
9943 BEACH BLVD
JACKSONVILLE, FL 32246 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: MCCURUM, LEAH M
Address: 9943 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32246

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: LEAH MCCURUM

P

01/25/2011

Electronic Signature of Signing Officer or Director

Date