

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000028705

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** FIRST CHOICE INSURANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

111 2ND AVE. N.E., STE 900  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

111 2ND AVE. N.E.  
STE 900  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

111 2ND AVE. N.E., STE 900  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

111 2ND AVE. N.E.  
STE 900  
ST. PETERSBURG, FL 33701

FEI Number: 27-2253822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARRY, TRACEY A  
10101 MLK ST N  
SUITE 240  
ST. PETERSBURG, FL 33716 US

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

BARRY, TRACEY A  
111 2ND AVE N.E.  
STE 900  
ST. PETERSBURG, FL 33701 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: TRACEY A BARRY

04/15/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARRY, TRACEY A  
Address: 111 2ND AVE. N.E., STE 900  
City-St-Zip: ST. PETERSBURG, FL 33701

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: TRACEY A BARRY

PRES

04/15/2011

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

\_\_\_\_\_  
Date