

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000029255

FILED  
Sep 12, 2011  
Secretary of State

**Entity Name:** 400 GROUP OF INSURANCE AND FINANCIAL PROFESSIONALS, INC.

**Current Principal Place of Business:**

733 DEWBERRY DRIVE  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

8160 BAYMEADOWS WAY W  
SUITE 110  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

733 DEWBERRY DRIVE  
JACKSONVILLE, FL 32259

**New Mailing Address:**

8160 BAYMEADOWS WAY W  
SUITE 110  
JACKSONVILLE, FL 32256

FEI Number: 27-2171083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VANKEULEN, PERRY A  
733 DEWBERRY DRIVE  
JACKSONVILLE, FL 32259 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: VANKEULEN, PERRY A  
Address: 8160 BAYMEADOWS WAY W  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: DORREIN, BRIAN  
Address: 8160 BAYMEADOWS WAY W  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: MCCORMICK-DORRIEN, PATRICIA  
Address: 8160 BAYMEADOWS WAY W  
City-St-Zip: JACKSONVILLE, FL 32256

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: PERRY A. VANKEULEN

PRES

09/12/2011

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

\_\_\_\_\_ Date