

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034637

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** CARR INSURANCE OF PALM HARBOR, INC.

**Current Principal Place of Business:**

3421 BRIAN ROAD SOUTH  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

3421 BRIAN ROAD SOUTH  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 27-2574659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, RICHARD D  
1010 DREW STREET  
CLEARWATER, FL 33755 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: D  
Name: CARR, WILLIAM H JR  
Address: 3421 BRIAN ROAD SOUTH  
City-St-Zip: PALM HARBOR, FL 34685

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: WILLIAM H CARR JR

D

04/25/2012

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

\_\_\_\_\_  
Date