

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000044725

Entity Name: SUNSTAR INSURANCE, INC.

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

677 SW BASCOM NORRIS DRIVE  
LAKE CITY, FL 32025

**New Principal Place of Business:**

400 COLLEGE DR  
SUITE 106  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

677 SW BASCOM NORRIS DRIVE  
LAKE CITY, FL 32025

**New Mailing Address:**

400 COLLEGE DR  
SUITE 106  
MIDDLEBURG, FL 32068

FEI Number: 27-2715138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLAY, NICK  
677 SW BASCOM NORRIS DRIVE  
LAKE CITY, FL 32025 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: SLAY, NICK  
Address: 694 NW FAIRWAY DR  
City-St-Zip: LAKE CITY, FL 32055

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: NICK SLAY

MGR

04/12/2012

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

\_\_\_\_\_  
Date