

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000058154

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** XCLUSIVE INSURANCE GROUP, INC.

**Current Principal Place of Business:**

8201 PETERS RD., STE 1000  
PLANTATION, FL 33324

**New Principal Place of Business:**

13538 VILLAGE PARK DRIVE  
ORLANDO, FL 32837

**Current Mailing Address:**

8201 PETERS RD., STE 1000  
PLANTATION, FL 33324

**New Mailing Address:**

3019 MARTA CIRCLE  
102  
KISSIMMEE, FL 34741

**FEI Number:** 27-3079156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMON, RICHARD C  
3490 FOXCROFT ROAD  
B-215  
MIRAMAR, FL 33025 US

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

SIMON, RICHARD C  
3019 MARTA CIRCLE  
102  
KISSIMMEE, FL 34741 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: RICHARD SIMON

04/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: SIMON, RICHARD  
Address: 3019 MARTA CIRCLE, #102  
City-St-Zip: KISSIMMEE, FL 34741

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: RICHARD SIMON

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04/02/2012

Electronic Signature of Signing Officer or Director

Date