2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

DOCUMENT# P11000003941

Entity Name: ALL PRO CLAIMS MANAGEMENT CORPORATION

Current Principal Place of Business:

123 E. NORTH SHORE AVE.
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

123 E. NORTH SHORE AVE.
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 27-4520403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAY, LAURA
123 EAST NORTH SHORE AVE.
N. FORT MYERS, FL 33917 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: PT
Name: RAY, LAURA
Address: 123 E. NORTH SHORE AVE.
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: VPS
Name: RAY, WADE
Address: 123 E. NORTH SHORE AVE
City-St-Zip: NORTH FORT MYERS, FL 33917

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: LAURA RAY PT 02/16/2012

Electronic Signature of Signing Officer or Director Date