

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000008974

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** INSURANCE PRIORITIES, INC.

**Current Principal Place of Business:**

2255 GLADES ROAD  
SUITE 234 A  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

1753 LIVE OAK LANE  
ATLANTIC BEACH, FL 32233 US

**Current Mailing Address:**

2255 GLADES ROAD  
SUITE 234 A  
BOCA RATON, FL 33431 US

**New Mailing Address:**

3000 N. UNIVERSITY DR.  
SUITE I  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 27-4674295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEARSON, JUSTIN M  
5531 N. UNIVERSITY DRIVE  
SUITE 101  
CORAL SPRINGS, FL 33067 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: FLYNN, JAMES  
Address: 211 EDENDERRY WAY  
City-St-Zip: ENOLA, PA 17025 US

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: JAMES FLYNN

P

04/23/2012

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

\_\_\_\_\_  
Date