

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000021523

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NEXT LEVEL INSURANCE GROUP OF FLORIDA INC.

**Current Principal Place of Business:**

2483 SW GAY CIRCLE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2483 SW GAY CIRCLE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLELLAN, FRANK  
2483 SW GAY CIRCLE  
PORT SAINT LUCIE, FL 34953 US

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

MCCLELLAN, FRANK E  
2483 SW GAY CIRCLE  
PORT SAINT LUCIE, FL 34953 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: FRANK E MCCLELLAN

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIVERA, DAISY  
Address: 2483 SW GAY CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP  
Name: MCCLELLAN, FRANK E  
Address: 2483 SW GAY CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: DAISY RIVERA

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date