2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2012
Secretary of State

DOCUMENT# P11000038857

Entity Name: SUNSHINE STATE SCHOOL OF INSURANCE, INC.

Current Principal Place of Business:

733 DEWBERRY DR
JACKSONVILLE, FL 32259

New Principal Place of Business:

221 NORTH HOGAN STREET
SUITE 376
JACKSONVILLE, FL 32202

Current Mailing Address:

733 DEWBERRY DR
JACKSONVILLE, FL 32259

New Mailing Address:

221 NORTH HOGAN STREET
SUITE 376
JACKSONVILLE, FL 32202

FEI Number: 45-1619598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWANN, M. LYNNE
733 DEWBERRY DR
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

SWANN, CLAUDE E
221 NORTH HOGAN STREET
SUITE 376
JACKSONVILLE, FL 32202 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: CLAUDE E SWANN 04/21/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTSD
Name: SWANN, CLAUDE E
Address: 221 NORTH HOGAN STREET, SUITE 376
City-St-Zip: JACKSONVILLE, FL 32202

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: CLAUDE E SWANN PRES 04/21/2012
Electronic Signature of Signing Officer or Director Date