

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000064871

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA STATEWIDE INSURANCE GROUP INC

**Current Principal Place of Business:**

3234 SW HIMANGO ST  
PORT ST. LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

3234 SW HIMANGO ST  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

3234 SW HIMANGO ST  
PORT ST. LUCIE, FL 34953 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BECKFORD, STACIA L  
1350 DOMINICA TERR  
STUART, FL 34997 US

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

BECKFORD, STACIA L  
3234 SW HIMANGO ST  
PORT ST 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: STACIA BECKFORD

Electronic Signature of Registered Agent

04/14/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BECKFORD, STACIA L  
Address: 3234 SW HIMANGO ST  
City-St-Zip: PORT ST 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: STACIA BECKFORD

Electronic Signature of Signing Officer or Director

P

04/14/2012

Date